HEROIN TRAFFICKING

HEARING

BEFORE THE

SUBCOMMITTEE ON
CRIME AND CRIMINAL JUSTICE

OF THE

COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

SEPTEMBER 29, 1994

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HEROIN TRAFFICKING

THURSDAY, SEPTEMBER 29, 1994

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIME AND CRIMINAL JUSTICE,
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:08 a.m., in room 2226, Rayburn House Office Building, Hon. Charles E. Schumer (chairman of the subcommittee) presiding.

Present: Representatives Charles E. Schumer, John Conyers, Jr., and F. James Sensenbrenner, Jr.

Also present: David Yassky, counsel; Tom Diaz, assistant counsel; Rachel Jacobson, secretary; and Andrew Cowin, minority counsel.

OPENING STATEMENT OF CHAIRMAN SCHUMER

Mr. SCHUMER. The Chair has received a request to cover this hearing in whole or in part by television broadcast, radio broadcast, still photography or other similar methods. In accordance with committee rule 5 permission will be granted unless there is objection. Without objection.

Good morning. Welcome to this hearing on heroin trafficking. This is the first in a series that will continue into the next Congress looking into the problem of drug abuse in America.

Today is an especially busy day for the Judiciary Committee, and so I am going to keep my opening remarks brief, and I would ask all the witnesses keep their oral summaries to 5 minutes. But make no mistake about it, the brevity of my statement is not a measure of how concerned I am about heroin.

Heroin is a vicious drug. It lures its users into a living hell that often lasts a lifetime. In recent years, some who fancy themselves to be artists have glamorized heroin and have portrayed it as a chic drug for the sensitive, the smart, and the avant garde. Nothing could be further from the truth.

The reality is that heroin is cheap. It is squalid. It is sordid. Those misled by fantasies about heroin always awaken and always awaken too late to these horrible truths.

Heroin wastes lives. It destroys the bodies and the minds of its users. Heroin destroys families. Heroin destroys entire communities by spreading the deadly HIV virus that causes AIDS and infesting those communities with the violent crime that always comes with drug trafficking. And we are here today because there are disturbing signs that heroin is making a comeback after having been greatly suppressed over the decades of the late 1970's and 1980's.

Let's be clear, we are not yet declaring this crisis an epidemic, but heroin has become cheaper and more plentiful in recent years. Most disturbing, it is appearing in a form so pure it can be inhaled instead of injected—smoked or snorted directly into the nostrils. And this new face of heroin invites disaster. It beckons those who are afraid of the needle. It opens new markets, and it deepens the power of the drug's addiction.

We are also concerned about new developments abroad. The vicious Colombian drug cartels are moving into the business. Burma is the major source country, but its human rights record poses a diplomatic puzzle that our country has not yet solved.

For all these reasons, I welcome our witnesses and look forward to hearing their views on where things stand today and what we should be doing to make sure that America does not slip into a heroin epidemic.

Mr. Sensenbrenner.

Mr. SENSENBRENNER. Mr. Chairman, I will waive my opening statement so we can get right to the testimony.

Mr. SCHUMER. Thank you, Mr. Sensenbrenner. I appreciate your cooperation and everybody's cooperation. We had to change the times of this a few times because of other scheduling matters in the Judiciary Committee.

Mr. Conyers.

Mr. CONYERS. I will waive an opening statement.

Mr. SCHUMER. OK. Thank you.

Mr. SCHUMER. And let's go immediately to our first panel. And, as is obvious to everyone, our first panel is Dr. Lee Brown. He is Director of the Office of National Drug Control Policy. Dr. Brown coordinates the administration's drug control efforts from his Cabinet post. He has been asked by President Clinton to develop a new strategy for dealing with heroin. Before accepting his current position as drug czar, Dr. Brown served as both commissioner of the New York City Police Department and chief of police in Houston.

I want to thank you for coming today, Dr. Brown, and I know you have a very busy schedule. You have a flight in a little more than an hour, so your prepared remarks will be, without objection, entered into the record, and you may proceed as you wish.

STATEMENT OF LEE BROWN, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY, EXECUTIVE OFFICE OF THE PRESIDENT

Mr. BROWN. Thank you, Mr. Chairman, members of the committee. I do have rather extensive prepared remarks, and I will present this morning a modified shorter statement.

Mr. SCHUMER. Your entire remarks will be entered into the record.

Mr. BROWN. It is a privilege to be able to testify before you today and have the opportunity to discuss the increasing concern that we might be on the verge of a heroin epidemic. Various news accounts over the past year have been tracking what appears to be an increase in the availability of heroin on our streets as a result of lower prices, greater purity and bumper crops coming out of Southeast and Southwest Asia as well as South America.

My office, the Office of National Drug Control Policy, has been long concerned about the seeming reemergence of heroin in this country. Faced with reports of increased access to heroin, we have undertaken a new study we call the Pulse Check, which is an ongoing series of interviews with researchers, the police, and treatment providers to determine the nature and extent of heroin use, because traditional survey data does not document heroin use accurately.

We are finalizing a heroin strategy, at the direction of the President, to address the problems of trafficking production and use. To facilitate this process I traveled this past year to Southeast Asia and to Africa to obtain a firsthand understanding of the scope of the problem we face.

Let me address the critical question that is on the minds of many people, and that is, are we on the verge of a heroin epidemic? Taking everything into account, it is my belief that the United States is not in the midst of another heroin epidemic. However, we are seeing increased heroin consumption, but the bulk of this appears to be the result of increased levels of use among existing drug users.

There is an expected progression of increased tolerance among heroin users, but we see heroin users on the rise among drug users whose prime use or abuse is not heroin. The link is especially strong for long-term users of cocaine, particularly in its crack form. The evidence suggests that heroin snorting has become more common where high purity heroin is readily available.

Mr. Chairman, we estimate there are about 600,000 chronic hardcore drug users who report heroin as their principal drug of abuse or about 22 percent of the estimated 2.7 million hardcore drug users in the United States. We believe that an increasing number of 2.1 million hardcore cocaine users are increasing their use of heroin to complement cocaine use.

The typical heroin user today consumes much more than a decade ago. This is not surprising given the low price and higher purity reported.

Until recently, heroin was almost exclusively injected either intramuscularly or intravenously. Injection is the most practical and efficient way to administer low-purity heroin. The availability of higher purity heroin has meant that users can now choose to snort or smoke instead of injecting it. As a result, heroin is more socially acceptable among a whole new group of people. The fear of injection and injection-borne diseases such as HIV and AIDS and hepatitis is reduced, and some of the stigma is also removed.

Data on heroin-related emergency room visits show that the problems associated with long-term heroin use are on the rise. Data from the Drug Abuse Warning Network—we call it the DAWN system, which reports on drug-related activity in our hospitals—shows a sharp increase in heroin emergency room incidents.

Heroin use is readily becoming a greater burden on the treatment system. According to data compiled by the Substance Abuse and Mental Health Administration and the National Institute on Drug Abuse, since the mid-1980's there has been a substantial in-

crease in reported admissions to treatment programs where heroin is the primary drug that is abused.

Our own Pulse Checks also indicates that heroin use nationwide, while still low, is increasing. Use is highest in the Northeast and Midwest. The majority of heroin users are in their 30's and are injecting the drug, and more younger users between the age of 21 and 30 are beginning to inhale heroin.

We have tracked heroin use and its consequences carefully and continuously. The President's policy and budget recommendations are a direct and targeted response to our assessment.

In our Interim National Drug Control Strategy, released in September 1993, and in the National Drug Control Strategy, released in February of this year, we stated clearly that, despite the significant decline in nonaddicted drug use from 1985 to the present, we still have two very serious problems.

The first is the persistence of chronic or hardcore drug use. The second is a detectable change in our young people's attitudes and behavior with respect to illegal drugs.

Reduction in demand for drugs requires reduction in the hardcore user population. A reduction in this population will be accomplished most cost-effectively through drug treatment. For this reason, drug treatment for hardcore users was the central initiative in the National Drug Control Strategy for 1994.

Expanding treatment for heavy and addicted users requires, first of all, adding treatment capacity in our communities and also in our criminal justice system; and, second, support for offender management programs, vocational and educational services and training for treatment staff. It means significant expenditures, but the costs are small in relation to inaction.

Since the strategy was released in February, two major independent studies have echoed the administration's position. In June, the Rand Corp. reported drug treatment to be cost-effective; the most cost-effective means of drug control intervention. And, last month, a comprehensive study of drug treatment in the State of California entitled "Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment" concluded that for every dollar invested in drug treatment in 1992, taxpayers received $7 in savings over 1992 and 1993.

The research consistently shows that drug-dependent people who participate in drug treatment, when compared to those who do not, decrease their drug use, decrease their criminal activity, increase their employment, and improve their social and interpersonal skills and physical health.

I believe there is some agreement between the Congress and this administration on this issue. For example, the Congress has included injecting drug users among the priority population for drug treatment under the substance abuse grant program.

However, Mr. Chairman, as you know, the additional $67 million appropriated by the House-Senate conference for the substance abuse treatment and prevention block grant for SAMSHA did not support the administration's request to fund treatment for an additional 74,000 chronic hardcore drug users.

Serious prevention efforts include a change in attitude to convince people, especially our young people, that heroin is a deadly, highly addictive drug that destroys lives.

We have been moving aggressively to step up our efforts to educate young people about the dangers of using heroin and other illicit drugs. The President's budget for fiscal year 1995 requests an additional $448 million for drug education and prevention programs, a 28-percent increase. This includes $191 million for the Safe and Drug Free Schools and Communities Start Program. We are targeting our prevention programs to focus on those who are especially vulnerable to heroin use, such as the children of intravenous drug users, pregnant addicts and inner-city youth.

In large part as a result of your efforts, the crime bill recently signed into law provides several important new prevention programs which will be key to changing attitudes toward drugs.

Let me briefly look at worldwide threat.

The worldwide heroin threat requires a significantly different approach than that prescribed for cocaine. The heroin industry is much more decentralized, diversified and difficult to collect intelligence on and conduct law enforcement operations against.

Like the Latin American cocaine trade, heroin traffic has become a worldwide industry run by transnational criminal organizations. Analysis of international trafficking trends suggest that the proceeds from retail heroin sales range from $4 to $10 billion in the United States and from $5 to $25 billion in Europe—the two primary heroin markets.

There are other critical developments: Worldwide opium production quadrupled in the last decade. Poppy growing areas are expanding in Afghanistan and the new republics of the former Soviet Union. Heroin addict populations, particularly in Asia, are increasing. The drug cocaine cartels in Colombia are shipping heroin to the United States.

Today at least 11 countries produce a total of 3,700 tons of illicit opium for the international drug markets, more than double the production of a decade ago. Heroin refinement occurs in nearly all producing countries and some transit and consumer countries. While Southeast Asia remains the largest producer and supplier to the United States, heroin market requirements could easily be met by Western Hemisphere sources.

As you know, the President has directed me to develop a separate international drug control strategy for heroin trafficking which is near completion. Given the decentralization, breadth, and diversity of the heroin industry, there is no practical alternative to a multidimensional and global approach involving diplomatic law enforcement and intelligence counterdrug initiatives in cooperation with our allies in Asia, Africa, Latin America, the Middle East, and Europe.

Our international heroin strategy will focus on: reducing the supply of heroin entering the United States; treating heroin trafficking as a serious national security threat; dismantling the illicit heroin traffic organizations by prosecuting their leaders and seizing profits and assets; and expanding and intensifying contacts with foreign leaders to mobilize greater international cooperation against the threat of heroin.

A source-country approach of the kind we have employed against cocaine trafficking is not feasible. Poppies are too easily and profitably grown throughout the world. The international community must unite to deny the illicit drug industry the ability to expand its criminal empire and undermine national security interests. And such a strategy requires leadership and long-term political commitment, as well as close coordination between our international initiatives and our domestic enforcement efforts—rather than with dollars alone.

The strategy has several key components: to heighten international attention, to emphasize a multilateral and regional approach, to support indigenous programs and to attack the trafficking infrastructure.

On the regional approach, in many major heroin source and transit countries the United States has important national security interests that extend beyond drugs. Our heroin strategy seeks to optimize our very limited counternarcotics resources as well as carefully target those countries and regions that pose the most direct heroin threat to the domestic health and national security interests of the United States.

If we look briefly at Southeast Asia, since more than 60 percent of the heroin sold in the United States comes from Southeast Asia, our primary heroin control priority will be to reduce this flow. This requires a strong international attack on the trafficking and financial kingpins outside Burma, and a diplomatic campaign to encourage political reform and greater counternarcotic efforts in Burma.

As a result of my recent trip to Southeast Asia, I have concluded that we have to increase our diplomatic efforts, highlighting cooperation, to influence Burma's neighbors—especially China and Thailand—to exert more narcotics control pressure on the Government of Burma by emphasizing to them the regional threat poised by Burma's heroin trade.

Burma continues to be the world's largest opium producer with the production areas located outside of government control. In identifying counternarcotics action that the Burmese must take, we must capitalize on the Burmese Government's desire for acceptance into the international community. We should be able to test the military regime's seriousness without undermining other aspects of U.S. policy.

Particularly, I believe that there are steps we can take with the Government of Burma that will not undermine our strong support for human rights. For example, we can speak to the Government of Burma about the problem of heroin trafficking and discuss the possibility of sharing actionable information. Such an exchange would permit us to measure the Burmese Government's actions and accomplishments. This would also serve to send a message to our friends in Southeast Asia, particularly China and Thailand, that we are serious about the heroin problem.

Thailand remains key to our regional program. I had discussions in Bangkok with Thai officials about the future of our cooperative effort. They are eager to continue this important relationship and have agreed to work even more closely with us against narcotics trafficking elements in Thailand.

We also would increase support to the United Nations Drug Control Program's Subregional Project, working with Burma and its neighbors to reduce opium production and enhance regional cooperation.

Laos is a good example of what is possible. With the help of the United Nations, Laos has developed a comprehensive drug control program that can serve as a model for other producing countries. The plan seeks to significantly reduce poppy cultivation and drug addiction by the year 2000. It also calls for judicial reform and new legislation for Laos to sign and implement the Vienna Convention.

In looking at Southeast Asia, in view of Afghanistan's importance as a major opium source country, the United States has established the principle that assistance to major drug-producing areas should be in the context of a plan to reduce opium growing and processing. We will encourage Pakistan to make a serious effort to reduce production and increase investigative efforts on high-level trafficking. The United States will provide appropriate judicial training to enhance Pakistan's capability to successfully prosecute, convict, or extradite major traffickers.

Changes in worldwide opium production and trafficking patterns are increasing Turkey's importance for processing, transshipment and as a clearinghouse linking the Southwest Asian trade to European, Middle Eastern, and North American markets. U.S. policy will continue to promote Turkish political will and commitment to improve investigative and prosecutorial capability, target well-established drug syndicates, and assist with the technical expertise required to undertake this task.

Briefly, if we look at Latin America, opium poppies are being grown in Mexico, Colombia, Peru, and Venezuela. Colombia presents a major new heroin supply threat. The cartels have all the prerequisites to capture a large part of the U.S. domestic heroin market: sufficient poppy cultivation to meet U.S. supply needs; product quality is high; cocaine and retailing capabilities are well developed. The cartels can provide stiff competition to Asian traffickers and already sell very pure high-quality heroin in the United States at a cheaper price than Asian counterparts.

Look briefly at Africa; Nigerian and related West African trafficking organizations demand special attention because they move a substantial portion of the heroin coming to the United States from Southeast Asia. As you know, the United States did not certify Nigeria last year. I made an effort during my trip there in August to convince the Nigerian Government that the United States wants to certify them, but they have to earn it.

In the 3 months left in this calendar year, Nigeria needs to take aggressive action. They were embarrassed by decertification and have made an effort in recent months to extradite several narcotraffickers, and have voiced cooperation and support for our heroin strategy.

Nigerian trafficking organizations dominate the drug trade between Africa and the United States. These organizations appear to be global in scope, capable of effecting major capital flows to Africa from other parts of the world, and able to influence the political apparatus and economic functioning of Nigeria as well as other African countries.

We must also work close with South Africa to help them oppose criminal elements now setting up transit operations in Pretoria and Cape Town. I was impressed during my visit to Pretoria by the cooperative spirit of the South African police. I believe they can play a significant leadership role in South Africa by providing training and technical assistance to neighboring countries.

Since Europe is one of the largest world markets for heroin, the United States will encourage European and other major countries to take the lead in thwarting heroin production and trafficking in Eastern Europe and the Commonwealth of Independent States, providing these countries with antinarcotic assistance. U.S. counternarcotics assistance will be provided through the UNDCP, along with limited direct assistance for building indigenous law enforcement, demand reduction and money laundering enforcement capabilities.

In closing, let me look at the next steps. Many of the initiatives included in our strategy will not need increased funding, but we will ask agencies and departments to make a realistic appraisal of their counterheroin resource requirements for fiscal year 1996. Currently, just over 10 percent of our international counternarcotics budget is directed against heroin.

Because the principal drug threat to the United States is, and is likely to remain, the use and consequences of cocaine, we have focused the overwhelming proportion of our resources, programs and activities on stemming the flow of cocaine to our country. However, as the supply and purity level of heroin has risen, so has use. If left unchecked, these conditions can produce another drug use epidemic in the United States that will cause more health problems, more drug-related crime and staggering society and economic costs.

I am convinced that we must respond to these troubling trends by doing a better job of providing education, maximizing prevention, early intervention and treatment efforts, especially in cases of heroin inhalation. We must also continue with efforts to identify and treat the chronic heavy user population—those who use cocaine, those who use heroin, especially those who use multiple drugs.

Mr. Chairman, that is my testimony. I would be glad to respond to any questions.

Mr. SCHUMER. Thank you very much, Dr. Brown.

[The prepared statement of Mr. Brown follows:]

THE HONORABLE LEE P. BROWN

DIRECTOR

OFFICE OF NATIONAL DRUG CONTROL POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

TESTIMONY

BEFORE THE

HOUSE COMMITTEE ON THE JUDICIARY

SUBCOMMITTEE ON CRIME AND CRIMINAL JUSTICE

September 29, 1994

It is a privilege to testify before you today Mr. Chairman and to have the opportunity to discuss the increasing concern that we might be on the verge of a heroin epidemic. Various news accounts over the past year have been tracking what appears to be an increase in the availability of heroin on our streets, as a result of lower prices, greater purity, and bumper crops coming out of both Southeast and Southwest Asia, as well as South America. Only two weeks ago, as I am sure you know, *Parade* Magazine began a cover story stating that "a hideous scourge is reappearing all across America," referring, of course, to heroin.

The Office of National Drug Control Policy (ONDCP) has been long concerned about the seeming re-emergence of heroin in the United States. Faced with reports of increased access to heroin, we have undertaken a new study, the *Pulse Check*, which is an ongoing series of interviews with street ethnographers, police, and treatment providers to determine the nature and extent of heroin use because traditional survey data does not document heroin use accurately. I have visited many treatment sites to get a better feel for the extent of the problem.

We are finalizing a heroin strategy at the direction of the President to address the problems of trafficking, production, and use. To facilitate that process, I have traveled this past year to Southeast Asia and to Africa to enable me to obtain a first hand understanding of the scope of the problem we face.

Are We On the Verge of a Heroin Epidemic? Taking everything into account, it is my belief that the United States is **NOT** in the midst of another heroin epidemic. However, we **ARE** seeing increased heroin consumption, but the bulk of this appears to be the result of increased levels of use among existing drug users.

If we were on the verge of an epidemic, we would see a growing number of young people among the new users, and more recent dates of first use, as they entered treatment. The

widespread heroin smoking and snorting —— in lieu of injection —— among those showing up at jails and treatment centers would be a very ominous sign and indicate greatly increased use.

Let me explain why new users are of particular concern for us. Heroin use spreads primarily among friends and peers. New users, typically within their first year of use, are the most likely to introduce others; long-time users are the least likely. The implication is that new heroin use is susceptible to periods of explosive growth. If the number of new users rises, they in turn initiate more new users.

Again, there is no evidence that the United States is witnessing an epidemic of heroin use that is even remotely like what we saw during the late 1960's and early 1970's. If the increase in supply and purity is having an effect, it is probably only affecting the way heroin is used by mature heroin addicts. And new initiates are likely being drawn from the pool of career drug users who are just now beginning to sample heroin.

IF THERE IS NOT AN EPIDEMIC, THEN WHAT DO THE STATISTICS AND SURVEYS INDICATE?

There is growing evidence from a range of sources that domestic heroin consumption is on the rise.

Heroin consumption appears to be growing <u>especially</u> among existing heroin users -- that is, the amount consumed per user is going up. There is an expected progression of increased tolerance among heroin users. But we see heroin use also on the rise among drug users whose prime drug of abuse is <u>not</u> heroin. The link is especially strong for longterm users of cocaine, particularly in its "crack" form. Further, evidence suggests that heroin snorting has become more commonplace in those areas

of the country where high purity heroin is readily available, primarily in the northeastern United States.

Reportedly, crack users often move into combined use of heroin because it softens the impact of the "crash" that always follows a crack "high." Many of the new initiates to heroin use are drawn from the pool of career drug users who are sampling heroin for the first time.

We estimate that there are about 600,000 chronic, hardcore drug users who report heroin as their principal drug of abuse -- or about 22 percent of the estimated 2.7 million hardcore drug users in the United States. (Hardcore use is defined as those who use heroin at least on a weekly basis.) We believe that an increasing number of the 2.1 million hardcore cocaine users are increasing their use of heroin to complement their cocaine use.

According to the National Household Survey on Drug Abuse (NHSDA), the number of heroin users measured in that survey of households has remained virtually unchanged since 1988: according to the NHSDA, at least 0.3 percent of household members report heroin use in the past year. While this survey is known to undercount heroin users, especially hardcore heroin users, it is still a useful source of information for detecting increases in the number of new initiates to heroin use.

The typical heroin user today consumes much more than a decade ago. This is not surprising given the low price and higher purity reported today. Until recently, heroin was almost exclusively injected, either intramuscularly (skin-popping) or intravenously. Injection is the most practical and efficient way to administer low purity heroin. The availability of higher purity heroin has meant that users can now choose to snort or smoke instead of injecting it. As a result, heroin is more socially acceptable among a whole new group of people -- the fear

of injection and injection-borne diseases such as HIV/AIDS and hepatitis is reduced, and some of the stigma is removed.

Data on heroin-related emergency room visits show that the problems associated with longterm heroin use are on the rise. Data from the Drug Abuse Warning Network (DAWN), which reports on drug-related activity in our hospitals, shows a sharp increase in heroin emergency room incidents. The annual number of heroin-related emergency room visits rose from 38,100 in 1988 to 48,000 in 1992 -- a 26 percent rise. The growth in heroin-related mentions was most significant between 1991 and 1992, when it grew by 34 percent.

The main reasons given for these heroin-related visits were the effects of chronic, long-term use and overdose. Heroin-related mention is highest among those between the ages of 26 and 34.

Heroin use is rapidly becoming a greater burden on the treatment system. According to data compiled by the Substance Abuse and Mental Health Administration (SAMHSA) and the National Institute on Drug Abuse (NIDA), since the mid-1980's there has been a substantial increase in reported admissions to treatment programs where heroin is the primary drug of abuse. According to data compiled by SAMHSA and NIDA, admissions to treatment for heroin use grew at an average annual rate of 10 percent, from 87,043 admissions in 1985 to 142,372 admissions in 1991. While this growth is well below that reported for cocaine treatment (37 percent per year), it is indicative of the substantial growth in heroin use and the problems related to that use.

The Drug Use Forecasting (DUF) program administered by the National Institute of Justice shows no clear national pattern in heroin use by arrestees. In some cities, heroin use is high and rising. Manhattan reports that 24 percent of arrestees test

positive for heroin, a level that has remained fairly stable since data were first collected. In most other cities, the percentage of arrestees testing positive tends to be below ten percent and fairly stable.

Our own *Pulse Check* also indicates that heroin use nationwide, while still low, is increasing. Use is highest in the Northeast and Midwest, but still low in the South and West. The *Pulse Check* also indicates that, while the majority of heroin users are in their thirties or older and are injecting the drug, there are more younger users (ages 21-30) beginning to inhale heroin. But we only see this in areas where high purity heroin is readily available.

The *Pulse Check* also found that heroin sellers are responding to this trend by promoting their product as "high purity" and by offering heroin for inhalers and heroin for injectors packaged and "cut" in different ways.

We find that drug sellers, in general, and heroin sellers, in particular, are becoming more creative in the ways they are packaging and marketing drugs to attract and maintain customers. This includes heroin sellers processing heroin for smoking and offering multiple drugs to their customers; e.g., heroin and crack.

These innovations are clearly attempts by sellers to maintain a share of the market. Whether these are signs of an evolution of drug dealing as a business, or early indicators of either a surplus of drugs or a decline in demand is unclear, but we will continue to monitor the trends.

We have tracked heroin use and its consequences carefully and continuously. And the President's policy and budget recommendations are a direct and targeted response to our

assessment.

In the Interim National Drug Control Strategy in September 1993, and again in the National Drug Control Strategy released last February, we stated clearly that, despite the significant decline in non-addicted drug use from 1985 to the present, we still have two very serious problems.

The first is the persistence of chronic, or hard-core, drug use. The second is a detectable change in our young people's attitudes and behavior with respect to illegal drugs.

Hardcore users drive demand for drugs. They use over two-thirds of the cocaine although they number less than a quarter of the user population. Information on the 600,000 heroin users shows similar behavior. Heroin addicts are increasing their use.

Reduction in demand for drugs requires reduction in the hardcore user population. And reduction in this population will be accomplished most cost-effectively through drug treatment. For this reason, drug treatment for hardcore users was the central initiative in the National Drug Control Strategy.

Expanding treatment for heavy and addicted users requires: (1)adding treatment capacity both in our communities and in our criminal justice system; and (2)support for offender management programs, for vocational and educational services, and for the training of treatment staff. It means significant expenditures but the costs are small only in relation to inaction.

Since the Strategy was released in February, two major, independent studies have echoed the Administration's position. In June, the RAND Corporation reported drug treatment to be a cost-effective means of drug control intervention. And last month, a comprehensive study of drug treatment in California:

"Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment" concluded that for every dollar invested in drug treatment in 1992, taxpayers received $7 in savings over 1992 and 1993.

The Strategy supports both pharmacological and non-pharmacological treatment for heroin addiction. Numerous studies of opiate addicts found an average reduction in daily narcotics use of 85 percent during treatment and a 40 percent decrease in property crime. Untreated opiate addicts die at a rate between 7 and 8 times higher than similar patients in methadone programs.

The research consistently shows that drug dependent people who participate in drug treatment, when compared to those who do not, decrease their drug use, decrease their criminal activity, increase their employment, improve their social and interpersonal skills, and physical health.

I believe there is some agreement between the Congress and the Administration on this issue. For example, the Congress has included injecting drug users among the priority populations for drug treatment under the substance abuse block grant program. However, as you know, the additional $67 million appropriated by the House-Senate Conference for the Substance Abuse Prevention and Treatment Block Grant for SAMHSA did not support the Administration's request to fund an additional 74,000 chronic hardcore users.

We know that drug treatment is an effective means to foster community stability and stem the criminal and infectious disease consequences of heavy drug use; yet drug treatment remains underfunded.

Both treatment and prevention efforts are made even more difficult when addicted celebrities are glamorized.

Unfortunately, the images of famous people have been enlarged in death as a result of their drug related lifestyles.

Serious prevention efforts involve a change in attitude to convince people -- especially our young people -- that heroin is a deadly, highly addictive drug that destroys lives.

As you know, the cocaine epidemic that reached its peak in the mid-1980's was turned around by an aggressive national campaign that succeeded in "denormalizing" cocaine use, persuading people that cocaine was not the fashionable, safe, recreational drug that had been portrayed in the popular media. You may recall that famous *Time* magazine cover, in which a cocktail glass filled with cocaine was represented as the "martini of the 80's."

We have been moving aggressively to step up our efforts to educate young people, and all Americans, about the dangers of using heroin and other illicit drugs. The President's budget for fiscal year 1995 requests an additional $448 million for drug education and prevention programs, a 28 percent increase. This includes $191 million for the Safe and Drug Free Schools and Communities Start Program. We are targeting our prevention programs to focus on those who are especially vulnerable to heroin use, such as the children of intravenous drug users, pregnant addicts, and inner city youth.

In large part as a result of your efforts, the crime bill recently signed into law provides several important new prevention programs which will be key to changing attitudes towards drugs. The Crime Prevention Block Grants, the Gang Resistance Education and Training Program (GREAT), the Model Intensive Grant Program, the Local Partnership Act, and the Ounce of Prevention Council, can be used in part for prevention programs. COMPAC (Community Partnerships Against Crime), the

Administration's proposal to strengthen drug prevention programs in public and assisted housing communities, can provide a model for successful partnership programs.

THE WORLDWIDE THREAT

The worldwide heroin threat requires a significantly different approach than that prescribed for cocaine. The heroin industry is much more decentralized, diversified, and difficult to collect intelligence on and conduct law enforcement operations against. Like the Latin American cocaine trade, heroin trafficking has become a worldwide industry run by transnational criminal organizations. Analysis of international trafficking trends suggests that the proceeds from retail heroin sales range from $4-$10 billion in the United States and from $5-$25 billion in Europe -- the two primary heroin markets. There are other critical developments:

- Worldwide opium production has quadrupled in the last decade.
- Poppy growing areas are expanding in Afghanistan and the new republics of the former Soviet Union.
- Heroin addict populations, particularly in Asia, are increasing.
- South American heroin from Colombia is now being shipped by the cocaine cartels to the United States.

Criminal groups, attracted by the huge profits of the trade, are moving large quantities of heroin to the United States and Western markets. Heroin may pose a greater long-term threat to the international community than cocaine because there is more than sufficient capital from illicit heroin sales to increase the risk of corruption throughout the world. Consequently, the need

to focus on heroin trafficking involves serious concerns about international political stability.

In many countries opium and heroin are the drugs of choice among users of illicit drugs, and production of each is up dramatically. Today at least 11 countries produce a total of 3,700 tons of illicit opium for the international drug markets, more than double the production a decade ago. Heroin refining occurs in nearly all producing countries, as well as in some transit and consumer countries. While Southeast Asia remains the largest producer and supplier to the U.S, heroin market requirements could easily be met by Western Hemisphere sources.

Moreover, the demise of the Soviet empire has significantly changed the international political and geographical landscape, and the drug industry is responding to an array of new business and criminal opportunities. Traffickers now use new smuggling routes that traverse the poorly guarded borders of the Caucasus, Central Asia, and Eastern Europe, where local law enforcement is poorly staffed and ill equipped to oppose them. In some cases the "new" routes are in fact old smuggling highways that until recently were blocked artificially by the Soviet Union or by regional conflicts, as in the Balkans.

We are in the process of developing a proactive international heroin strategy that will seek to mobilize and unify threatened nations around the globe against the traffickers. I believe that we can succeed, if we act aggressively and have the patience to sustain our effort over the long term.

The Heroin Strategy

As you know the President has directed me to develop a separate international drug control strategy for attacking heroin trafficking which is near completion. Given the

decentralization, breadth, and diversity of the heroin industry, there is no practical alternative to a multidimensional and global approach to the heroin problem that involves diplomatic, law enforcement, and intelligence counterdrug initiatives in cooperation with our allies in Asia, Africa, Latin America, the Middle East, and Europe. Our international heroin strategy will focus on:

- reducing the supply of heroin entering the United States;

- treating heroin trafficking as a serious national security threat;

- dismantling the illicit heroin trafficking organizations by prosecuting their leaders and seizing their profits and assets; and

- expanding and intensifying contacts with foreign leaders in order to mobilize greater international cooperation and support against the threat of heroin.

A source-country approach of the kind we have employed against cocaine trafficking is not feasible, since poppies are too easily and profitably grown throughout the world. No single country or group of countries has the resources, knowledge, or worldwide reach to address this complex challenge. The international community must unite to deny the illicit drug industry the ability to expand its criminal empires and undermine national security interests. Such a strategy requires leadership and long-term political commitment, as well as close coordination between our international initiatives and our domestic enforcement efforts -- rather than with dollars alone.

There are several important components to our strategy:

- **Heightening international attention.** We will seek to boost international awareness of the heroin threat and strengthen the political will to combat it. We have to convince nations that effective drug control is n their own interest. Accordingly, we have to raise the priority of drug control in our bilateral relations with all opium source, transit and consumer countries, so they can carry a greater share of the counter-drug burden.

- **Emphasizing a multilateral and regional approach.** We will engage the world community to find an international consensus for chemical and financial legislation. We will work through international donor organizations to provide seed money for development programs. We will develop antidrug information sharing programs with our allies in Asia, Africa, Latin America, the Middle East, and Europe.

- **Supporting indigenous programs.** The United States has a vital interest in the ability of other countries to use their legal processes to thwart heroin trafficking. We will help these countries improve their law enforcement practices and techniques and improve coordination among the various law enforcement programs.

- **Attacking the trafficking infrastructure.** We have to focus the worldwide effort on trafficker leadership, money laundering systems, chemical sources, and communication/transportation networks. This effort also involves maintaining a DEA and intelligence community presence abroad to counter the global movement of drugs and drug monies and to foster greater

cooperation with allied countries.

Regional Approach

In many major heroin source and transit countries, the United States has important national security interests that extend beyond drugs; however, to pursue these other interests, the drug industry and its criminal activities must be dealt with as well. Our heroin strategy seeks to optimize our very limited counternarcotics resources as well as carefully target those countries and regions that pose the most direct heroin threat to the domestic health and national security interests of the United States.

Southeast Asia: Since more than 60 percent of all the heroin sold in the United States comes from Southeast Asia, our primary heroin control priority will be to reduce this flow. This requires a strong international attack on the trafficking and financial kingpins outside Burma, and a diplomatic campaign to encourage political reform and greater counternarcotics efforts in Burma.

As a result of my recent trip to Southeast Asia, I have concluded that we will have to increase our diplomatic efforts, highlighting cooperation, to influence Burma's neighbors -- especially China and Thailand -- to exert more narcotics control pressure on the Government of Burma by emphasizing to them the regional threat posed by Burma's heroin trade.

Burma continues to be the world's largest opium producer with the production areas located outside of government control. In identifying counternarcotics actions that the Burmese must take, we will capitalize on the Burmese Government's desire for acceptance in the international community. We should be able to test the military regime's seriousness without undermining other aspects of U.S. policy.

In particular, I believe that there are steps we can take with the Government of Burma that will not undermine our strong support for human rights. For example, we can speak to the Government of Burma about the problem of heroin trafficking and discuss the possibility of sharing actionable information. Such an exchange would permit us to measure the Burmese Government's actions and accomplishments. This would also serve to send a message to our friends in Southeast Asia, particularly in China and Thailand, that we are serious about the heroin problem.

Thailand remains key to our regional program. I had discussions in Bangkok with Thai officials about the future of our cooperative effort. They are eager to continue this important relationship and have agreed to work even more closely with us against narcotics trafficking elements in Thailand. I have asked DEA and the State Department to keep our counternarcotics effort in Thailand fulled staffed.

We also will increase support to the United Nations Drug Control Program's (UNDCP) Sub-Regional Project, working with Burma and its neighbors to reduce opium production and enhance regional cooperation. Alternative development programs are important, but they take years to execute. UNDCP, the Multilateral Development Bank (MDB), and the international financial institutions (IFI), therefore are the ideal agents to conduct them. Laos is a good example of what is possible.

Development projects, especially those sponsored by UNDCP, have been key to the Laotian counternarcotics program and have a real chance to succeed. With the help of the United Nations, Laos has developed a comprehensive drug control plan that could serve as a model for other producing countries. The plan seeks to significantly reduce poppy cultivation and drug addiction by the year 2000. It also calls for judicial reform, and new legislation necessary for Laos to sign, and implement, the Vienna

Convention.

Southwest Asia: In view of Afghanistan's importance as a major opium source country, the United States has established the principle that assistance to major drug-producing areas in Afghanistan should he in the context of a plan to reduce opium growing and processing. The United States will continue to encourage Pakistan to make a serious effort to reduce heroin and opium production, and increase its investigative efforts on high-level trafficking. The U.S. will provide appropriate judicial training and other technical assistance necessary to enhance Pakistan's capability to successfully prosecute, convict, or extradite major traffickers.

Changes in worldwide opium production and trafficking patterns are increasing Turkey's importance to the drug industry for processing and transshipment and as a clearinghouse linking the Southwest Asian trade to European, Middle Eastern, and North American markets. U.S. policy will continue to promote Turkish political will and commitment to improve its investigative and prosecutorial capabilities, to target the country's well-established drug syndicates, and to assist with the technical and operational expertise required to undertake this task.

Latin America: Opium poppies are being grown in Mexico and Colombia and, most recently, in Peru and Venezuela. These crops are almost exclusively aimed at the United States. Colombia presents a major new heroin supply threat. The cartels have all the prerequisites to capture a large part of the U.S. domestic heroin market: sufficient poppy cultivation to meet U.S. supply needs, product quality is high, and retailing capabilities are well developed. Given these advantages and the proximity to the United States, the cartels can provide stiff competition to Asian traffickers. The cartels already are selling very pure,

high-quality heroin in the United States at a cheaper price than their Asian counterparts.

I recently spoke with Colombian President Samper about the potential heroin problem. I encouraged him to continue his country's aggressive poppy eradication program and to attack the heroin traffic with the same vigor he has promised to employ against the cocaine trade. Colombia's eradication of poppy has been very successful, and we will continue to support them in the aerial spraying of both poppy and coca. I personally looked at Mexico's poppy eradication efforts last February. They have a large program of aerial spraying and manual eradication. In 1993, they eradicated nearly 7,000 hectares. I expect the 1994 results, however, to be lower, since the uprising in Chiapas has diverted miliary resources from the eradication effort.

Africa: Nigerian and related West African trafficking organizations demand special attention because they move a substantial portion of the heroin coming to the United States from Southeast Asia. As you know, the United States did not certify Nigeria last year because it has not adequately cooperated with the U.S. on counternarcotics nor has it implemented the provisions of the Vienna Convention as obligated. As a result, I made an effort during my trip there in August to convince the Nigerian Government that the United States wanted to certify them, but they had to earn it. In the three months left in this calendar year, Nigeria needs to take aggressive action. The Nigerians were embarrassed by decertification and have made an effort in recent months to extradite several narcotraffickers and have voiced cooperation and support for our heroin strategy.

Nigerian trafficking organizations dominate the drug trade between Africa and the United States. These organizations appear to be global in scope, capable of effecting major capital flows to Africa from other parts of the world, and able to influence

the political apparatus and economic functioning of Nigeria as well as other African countries.

We also must work closely with South Africa to help them oppose criminal elements now setting up transit operations in Pretoria and Cape Town. I was impressed during my visit to Pretoria by the cooperative spirit of the South African Police Counternarcotics Bureau. I believe they can play a significant leadership role in Africa by providing training and technical assistance to neighboring countries.

The CIS and Europe: Since Europe is one of the largest world markets for heroin, the United States will encourage European and other major consumer countries to take the lead in thwarting heroin production and trafficking in and through Eastern Europe and the Commonwealth of Independent States, providing these countries with badly needed financial and material antinarcotics assistance. U.S. counternarcotics assistance for the Commonwealth will be provided through UNDCP, along with limited direct assistance for building indigenous law enforcement, demand reduction, and money laundering enforcement capabilities.

As you know, we have been working for some time on establishing an exchange of counternarcotics information with the Russians. The recent visit to Moscow by FBI Director Freeh and DEA Administrator Constantine has formalized this relationship.

International Crime and Narcotics

International criminal activity, particularly narcotics related crime, threatens to reverse democratic advances and economic accomplishments in many countries. We can help preserve and advance political stability and administrative effectiveness by working with countries to improve their civilian and military counternarcotics institutions. The Administration already is

working closely with overseas partners to develop detailed information on the worldwide narcotics trade to exploit vulnerabilities identified inside and outside the respective countries. Accordingly, the United States will continue to provide countries with established judicial institutions the support they need to take aggressive legal action against major traffickers and corrupt government officials.

The United States will continue to treat the operations of international narcotics syndicates as serious national security threats. We will act both unilaterally and with other nations to implement an international strategy that is in concert with our overall national drug strategy. International heroin control is a major foreign policy objective and we need to elevate its priority as a foreign policy objective, especially in major drug source and transit countries.

Resources and Funding

Heroin traffickers are expanding worldwide and investing heavily in building their global business enterprises. Since their rates of investment for developing and protecting operations are increasing rapidly, and since no single consumer country can match this investment, the United States and its partners must ensure that counter-heroin resources are coordinated and optimized. Many of the initiatives included in our strategy will not need increased funding, but we will ask agencies and departments to make a realistic appraisal of their counter-heroin resource requirements for FY 96. Currently, just over ten percent of our international counternarcotics budget is directed against heroin.

NEXT STEPS

Because the principal drug threat to the United States is, and is likely to remain, the use and consequences of cocaine, we have focused the overwhelming proportion of our resources,

programs, and activities on stemming the flow of cocaine to the United States. However, as the supply and purity level of heroin have risen, so has use. If left unchecked, these conditions can produce another drug use epidemic in the United States that will create more health problems, more drug related crime, and staggering social and economic costs.

I am convinced that we must respond to these troubling trends by doing a better job of providing education, maximizing prevention, early intervention and treatment efforts, especially where heroin inhalation is becoming prevalent. We must also continue with efforts to identify and treat the chronic, heavy user population -- those who use cocaine, those who use heroin, and especially those who use multiple drugs.

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Mr. SCHUMER. Mindful of your schedule and the fact that we have to take a full Judiciary Committee picture, what I think I am going to do—I had two questions. Let me tell you what they are. You don't have to answer them. You can submit them in writing so that we can break. And maybe the other Members can do the same.

One, related to what we can do—the recent surveys show that the acceptability of drugs—all kinds of drugs—among youth is going back up. We had a dramatic decline. Now it is beginning to go back up. Interesting. I was just briefed by the Partnership for a Drug-Free America and all the good work they do.

It is about the same trend in well-to-do suburbs and in the inner city. There was this idea, well, the attitudes are different. They are not, especially now that the focus has been aimed at both places. So I would like to ask you what we can do about that and what you think of those statistics.

And, second, about Burma. A very difficult question. They are a human rights wasteland, and yet to get the cooperation we need from their Government to put DEA and others in there we might have to—it is sort of the China situation but much more difficult. And I would be interested in your specific thoughts on how diplomatically we resolve the Burma situation.

Do we become a little more cooperative with their Government in an effort to decrease the flow? As you stated, Southeast Asia is the biggest supplier of heroin. Do we continue to crack down? Can we just rely on their neighboring countries? It seems to me probably we can. So I would ask that you answer those questions in writing.

Mr. BROWN. I would be glad to submit those answers in writing to you, Mr. Chairman.

Mr. SCHUMER. Mr. Conyers.

Mr. CONYERS. Thank you very much.

I am happy to hear Director Brown's statement. I am hoping that this very serious problem can be tackled in a way that will show the difference between you and the previous attempts that have been brought to bear on the problem. And so I have listened to the international problem, the domestic problems, and I will be working with you both in this committee and in Government Operations as well, Lee.

And I want you to know that we are behind you, but we really want to come down with a focus when you get that strategy together. We want to see something happen, particularly with the financiers of this, the people that are really making the money. We have got to look into the profitability as well as keeping emphasis on the education.

Thank you very much.

Mr. SCHUMER. Thank you.

Mr. BROWN. I appreciate your strong support and will call on you to work with us in developing our new strategy.

Mr. SCHUMER. We are going to take a 15-minute break.

[Recess.]

Mr. SCHUMER. OK, the hearing will resume. Like everything else I guess when the Judiciary Committee takes a picture it takes longer than they stated. So I apologize for being a little late.

For our next panel we are fortunate to have experts in fighting drug trafficking on both domestic and international fronts. Thomas A. Constantine was appointed Administrator of the Drug Enforcement Administration, the Nation's lead agency in drug law enforcement in March 1994. Before accepting this position, Mr. Constantine had more than 30 years of experience with the New York State Police where he served as superintendent.

Ambassador Cresencio S. Arcos is the Department of State's Principal Deputy Assistant Secretary for International Narcotics Matters. Ambassador Arcos is a career Foreign Service officer. In recent years, he served as American Ambassador to Honduras and is a member of the State Department's North American Free Trade Agreement Task Force.

Gentlemen, I would ask that your entire statements will be read into the record and try to limit your testimony. As I said we are going to try to, with the exception of Dr. Brown, to strictly adhere to the 5-minute rule.

STATEMENT OF THOMAS A. CONSTANTINE, ADMINISTRATOR, DRUG ENFORCEMENT ADMINISTRATION, U.S. DEPARTMENT OF JUSTICE

Mr. CONSTANTINE. Thank you, Congressman, for bringing some attention to this matter. Much of what Dr. Brown discussed is close to the things I have been brought forward in my presentation anyway.

I would like to mention some things as a career police officer. Watching this whole resurrection of heroin, it's important to remember that it never really disappeared from America. It always existed.

Cocaine, because of its tremendous impact and the amount of violence attached to it and a lot of the connections with South America, creates so much attention that I think society forgot that we had had tremendous problems with heroin in America historically, and now as we look at the increased production, the increased usages and the percentage rates—I am going to give you just briefly some of the things that have changed in regards to heroin. The information we have up there on some boards I think drastically point these changes out. And, from there, I will discuss my belief that any strategy for an enforcement agency like DEA is really driven by the dynamics of the organization that you are trying to counter. Heroin is very different from cocaine. We are really dealing with four different systems of production, sale and transportation across the globe.

The thing that I think is very important in helping people to estimate whether the problem is serious and is dramatically changing is the chart on the left which gives the price in milligrams of pure heroin. You go from, in 1980, 3.9—$3.90—down to $1.47 in 1993. Obviously, there have been inflationary adjustments also within the economy that would make that all the more dramatic if it were adjusted for that figure.

Then you go to the retail purity where you go from street level purity of 3.6 percent for a bag of heroin in most places in the country up to 35 or 36 percent on a nationwide average. That really doesn't tell the true story of what the purity rates are. These are

samples of what the glassine envelopes or bags look like that are bought on the streets of the various cities throughout the United States. And, of course, these vary depending upon what type of heroin is purchased by the addict.

As you can see, in New York City, which I am most familiar with, the purity is up to 77 or 61 percent. I mean, that was absolutely unheard of in the 1970's and early 1980's, when we thought we had a heroin problem. Washington, DC, 95 percent; Boston, 98 percent. Those are guaranteed overdose levels of purity if injected early by a drug user.

Much is made of the fact that many people are now snorting heroin, as an introduction into heroin. People are snorting heroin to avoid AIDS and perhaps think that they have not gotten themselves into that terrible situation of being a drug addict merely because they snort the heroin. They become addicted anyway.

In the mid-1960's I worked narcotics on the streets of the city of Buffalo for the State police. And usually the way that people became involved with heroin was through snorting. The habit then was called a Jones, and the people who were snorting it were called by the addicts on the street people who had a "nose Jones," and it was not very long before those people started injecting the drug.

I think if you have people who become addicted by inhaling or snorting heroin at this purity there will be a time when a substantial number of them will flee to intravenous injections.

There are four areas in the world that produce the heroin. DEA is trying and trying to develop new strategies to deal with it. The first, as mentioned by Dr. Brown, is Southeast Asia, and the whole production system is in Burma; there are two groups, the Shan United Army and the Wa. These are actual armies of people with not only semiautomatics but heavy weapons dug into fortresses and military compounds. And it is a whole cultural thing in addition to drug production, and often it is outside the control of the Nation of Burma.

Just the feasibility of mounting a war against these substantially armed troops I am sure has entered into their consideration along with what other cultural things that you had mentioned. The drug then goes to their connections into Thailand, and from there it is a brokered type of drug. It is not a hierarchy where one person controls it from production to street sale.

Once the individuals who have made their brokered deal in Thailand are through, they are no longer on the set, so that means that it is very difficult to get evidence against them to move them forward. Increasingly, then, the Nigerians take over the transportation system throughout the world. They have gone from being individual smugglers who might swallow a balloon full of drugs and try to get it into Kennedy Airport to being an organized transportation group that is available to any broker to bring the drugs anyplace, whether it is to Moscow or to Kennedy Airport. And as it goes increasingly now we are seeing evidence of it going through mainland China, into Taiwan and from there into the United States.

The Drug Enforcement Administration has a substantial commitment of resources in Thailand, and we have a small detail in Burma, and we have offices in Hong Kong and Malaysia, all of the

near locations. We are looking at enhancing those operations into the command and control centers of these brokers in Thailand. We have numbers of them already indicted in the Eastern District of New York, but you can't get them back to face trial here in the United States.

The next group is the people from Afghanistan and Southwest Asia. That is mainly a family-operated business because Afghanistan is without central government control. Also in the newly independent States of the former Soviet Union a tremendous amount of poppy is being grown.

Third now is Colombia. It has moved to be the third major producer of opium, almost as big as Afghanistan, in the short period of time of 4 years. We know the history of it. We have a cartel called the Cali cartel there that has been operating almost with immunity over the last 10 years in the cocaine traffic. They now are involved in parts of the heroin traffic.

We have reports from people on the street that if you buy a multikilogram amount of cocaine from this cartel you are also forced to take a kilogram of heroin to further move the market because it is more expensive and it cuts down on the amount of vulnerability that they have throughout the system.

And the last is the group which is mostly on the west coast and Southwest, Mexican heroin, either brown heroin or black tar. It is about 8 percent of our imports. They have extremely well-established criminal transportation groups in Mexico. They operate as the transportation group largely for the Colombian cocaine cartel. They have gotten very good at it, very powerful, with a lot of money and very violent. They also are involved in the smuggling of heroin into the country and control some of the distribution systems of the United States.

So in that—we have 5 minutes—that is kind of a capsule overview of where we are. I would agree I don't think it is an epidemic here yet, although is a global epidemic. Countries that once before never had heroin problems now have phenomenal problems. And if anybody ever wants to analyze the relationship between availability of drugs and usage of drugs, I would have them look at Pakistan where 10 years ago there were only a handful of heroin addicts and now the best estimate is 2 million people in that country addicted to heroin as they became a major transshipment point.

And we know now in Africa and in Eastern Europe as well as Western Europe heroin has become a drug of availability, and it is a problem for all in society. So, while that is sad, hopefully that will increase the cooperation. No longer is it just a problem of American citizens, or a problem of Western Europe. Maybe everybody now can recognize just how serious this is.

Thank you, Congressman.

Mr. SCHUMER. Thank you, Mr. Constantine.

[The prepared statement of Mr. Constantine follows:]

Statement

of

Thomas A. Constantine
Administrator
The Drug Enforcement Administration
United States Department of Justice

for

Subcommittee on Crime and Criminal Justice
U.S. House of Representatives

Concerning

Heroin Production and Trafficking Trends

September 29, 1994

Chairman Schumer and Members of the Subcommittee on Crime and Criminal Justice: It is a privilege for me to appear before the Subcommittee today to provide you with my views regarding trends in heroin production and trafficking, and to share with you what the Drug Enforcement Administration (DEA) is doing to address it. I would like to deliver an abbreviated opening statement and submit a longer statement for the record.

Several months ago an article in a national newspaper headlined "SMACK'S BACK." It reported that heroin, Americas original "hard" drug is making a comeback. Mr Chairman, unfortunately that article, while sounding a necessary alarm was wrong. It never left the American drug scene. Heroin was pushed off center stage by the flood of cocaine entering the United States in the last decade.

Although we have seen the problems associated with heroin before, today's problems in the United States are different and some ways more threatening for a number of reasons The increased quantities and purity levels of heroin, changing methods of heroin abuse, a growing acceptance of heroin use among a new generation of users, and new traffickers and producers of heroin all combine to make our challenge more difficult.

With increasing frequency, we are seeing dramatic increases in quantities and purity of heroin being seized. As worldwide production of opium rose substantially between 1988 and 1993, particularly in Burma and Afghanistan, we have seen a number of multi-hundred kilogram seizures of heroin in various parts of the world. In 1993, approximately 1.4 metric tons of heroin were seized domestically and reported to the Federal-wide Drug Seizure

System compared to 1.3 metric tons seized during the previous year. Over 23.26 metric tons were seized internationally. Colombia has also entered the scene as a major source of heroin destined for the U.S. With the marketing savvy of the Colombian cartels, and their incredible infrastructure, DEA believes that they stand ready to assume an ever increasing share of the U.S. heroin market. In addition, analysis of data from DEA's Domestic Monitor Program shows street-level purity continuing to rise. Purity levels of heroin being sold on U.S. streets now average 36 percent, compared to 7 percent a decade ago. High levels of purity mean that supplies are plentiful and more potent.

There has also been a continued rise in the number of heroin-related emergency room drug abuse episodes. According to the Drug Abuse Warning Network (DAWN), in the first six months of 1993, hospital admissions for heroin-related emergencies increased 44 percent. According to the office of National Drug Control Policy, current estimates suggest that there may be 600,000 hardcore drug users who report heroin as their principal drug of abuse. A growing number of the 2.1 million hardcore (weekly) users of cocaine are also using and increasing their use of heroin. The typical heroin user today consumes more heroin than a typical user did a decade ago.

In addition to more heroin being available at much higher purity levels, changing patterns of administering heroin may make this resurgence much more dangerous. While injection continues to be the primary method of administering heroin, an increasing number of heroin users are now snorting, or inhaling the drug because of its higher purity and

because of the fear of AIDS. Recent treatment data from New York City indicates that 51% of those coming in for treatment are snorting heroin. This disturbing trend is a particular cause for concern for two reasons:

- New heroin users are being lulled into a false sense of security in believing that because they inhale the drug, they are less likely to become addicted, and

- Since inhalation requires a very high purity level to be effective, drug experts believe that any reduction of the purity levels could lead to a switch to administration by injection, thus creating a whole new population of intravenous heroin users

A troubling phenomenon that we are witnessing with the resurgence of heroin is the fading of the social stigma that was once attached to that drug. Heroin is now fashionable and chic in certain social circles, including among rock stars and the club scene. Today, the attitude of heroin users is reminiscent of the cocaine user in the Seventies and early Eighties, when cocaine use was rationalized as non-addictive and recreational. Cocaine use began among the well-to-do; crack was the tragic legacy left to poorer Americans.

Mr. Chairman, as the Administrator of DEA, I am very concerned about the extent of our heroin problem. Surveys do not tell the whole picture because they generally lag behind the current situation. Enforcement indicators have been showing that heroin is more available, more pure, and cheaper then before.

Several routes are used to transport heroin to the United States. A major route originates in Bangkok, transits Taiwan, enters the U.S. at one of several West Coast cities, and terminates in New York City, the largest importation and distribution center in the United States for Southeast Asian heroin. Since 1986, roughly half of DEA's and the U.S. Customs Service's nationwide heroin seizures have occurred in the New York City metropolitan area. Some shipments are direct to New York, while other cities on the East Coast, such as Boston, are used as entry points. Recent seizures have shown that these organizations are capable of utilizing any deep water port, such as New Orleans, where 327 pounds of Southeast Asian heroin were seized last year bound for New York. Depending on the street level purity, this seizure alone was enough to flood the streets of New York City with over 5 million $10 bags of heroin.

Heroin trafficking in the United States is controlled by diverse, multi-ethnic groups of traffickers who supply heroin from a variety of sources to heroin users in this country. This situation is further complicated by the different languages and dialects used by these groups. Aggressive heroin traffickers, like West Africans, have joined the traditional Asian, Turkish, Middle Eastern and Mexican heroin traffickers in the heroin trade. Heroin smuggled into the United States originates from one of four distinct source areas: Southeast Asia, Southwest Asia, Mexico or South America.

Unlike the strict, vertically controlled distribution systems typical of cocaine trafficking organizations, the heroin traffic operates through a loosely organized system of brokers. Rarely does a shipment of heroin remain under the control of a single individual or organization as it moves from the overseas refinery to the streets of the United States. The heroin trade typically operates through a system of brokers and investors. As an example, ethnic Chinese investors in New York will pool their resources to import a shipment of heroin. The group will contact a broker in Hong Kong or Taiwan who has access to other brokers in Thailand. The Thailand broker will place an order with one of the heroin refining organizations that operate along the Thailand/Burma border. When ready, the heroin will be delivered to the broker in Thailand. Depending on the number of intermediaries involved, the heroin will make its way from broker to broker until it reaches the investors in New York. Once paid, the broker has no further interest in the shipment. Upon receipt by the investors, the heroin may be divided between the parties based upon the investment share or sold in one lot to a mid-level or street distributor.

Within U.S. borders, there are overall regional heroin distribution patterns that are fairly distinct. For example, at the wholesale level, Southeast Asian heroin is dominant in the northeastern United States and along the east coast; Mexican heroin is prevalent in the western states and some large mid-west cities. Southwest Asian heroin is available to a limited extent in both west coast and east coast cities, as well as in several southern cities. South American heroin is available primarily in the northeastern United States, with most of it entering the U.S. in Miami and New York City.

DEA's Heroin Signature Program (HSP) analyzed more than 800 U.S heroin seizures during 1993. Preliminary HSP results indicate that, in 1993, some 68 percent of the seizures by net weight originated in Southeast Asia, 15 percent in South America, 9 percent in Southwest Asia, and 8 percent in Mexico. (A signature for South America heroin was implemented in July 1993.) The relatively high percentage for South American heroin may, in part, be due to the large number of seizures of South American heroin at Miami International Airport and New York's J.F.K. International Airport.

Southeast Asian Heroin Trafficking

Southeast Asian heroin trafficking is often controlled by ethnic-Chinese and Nigerian criminal organizations which oversee the smuggling of heroin into the United States. These traffickers are capable of moving multi-hundred kilogram shipments from the Golden Triangle (Burma, Laos, Thailand) to the United States. Many of these trafficking organizations smuggle shipments of 50 to 70 kilograms into the United States on a regular basis.

A variety of smuggling methods are employed by these organizations. Generally, the shipment size determines the smuggling method. The largest shipments, ranging from 50 to multi-hundred kilogram quantities of heroin, are secreted in containerized freight aboard commercial maritime vessels and air freight cargo. Smaller shipments are concealed in the luggage of airline passengers, strapped to the body, or swallowed. Southeast Asian heroin

smugglers also use the mails and delivery services to transport multi-gram to kilogram quantities into the country. In mid-1993, DEA Orlando seized approximately 2 kilograms of heroin that had been mailed from Hong Kong to Florida and was destined ultimately for New York City.

Traffickers are also using commercial cargo originating in source countries and are attempting to disguise the origin of the cargo shipment by first transshipping containers through several other countries or by falsifying the container documentation. Some shipments from the Far East are transshipped through Canada and then into the northeastern United States. In addition to New York City, other U.S. cities in the Northeast, including Boston and Philadelphia, are used as entry points. Traffickers also use West Coast cities such as Los Angeles, San Francisco, and Seattle as entry points for heroin shipments destined for the Northeast.

Nigerian-controlled organizations are also entrenched deeply in the smuggling and distribution of Southeast Asian heroin. Nigerian organizations operate in several large metropolitan areas across the country. Nigerians supply established heroin distribution networks in U.S. cities such as Atlanta, Baltimore, Chicago, Dallas, Houston, Newark, New York, San Francisco, and Washington, D.C. These networks are capable of supplying heroin ranging from 100-gram to multi-kilogram quantities on a regular basis.

Nigerian traffickers dispatch large numbers of couriers who use "body carry" techniques and ingestion to conceal heroin. These couriers travel aboard commercial airlines from Southeast Asia, often transiting Europe and Africa bound for the United States. The couriers, including Nigerians as well as recruits of other nationalities, smuggle from 1 to 10 kilograms of heroin per trip. The average seizure is 5.7 kilograms per courier. Moreover, recent seizures in the Far East suggest that some Nigerian traffickers are experimenting with smuggling larger, multi-kilogram shipments of heroin from source countries to Nigeria concealed in commercial maritime cargo.

Most Nigerian organizations remain based in Lagos, Nigeria. Since they are formed along tribal lines at the senior levels, the organizations are close-knit but loosely structured. Drug barons who control the Nigerian organizations remain well-insulated by directing lower-level traffickers to recruit the numerous couriers, often non-Nigerians, and to organize travel to the United States. Within the United States, Nigerian heroin organizations appear to be structured loosely, but are extremely streetwise in their trafficking, protecting themselves by relying heavily on the use of multiple identities, aliases, and communications via pay phones rather then violence.

During the past year, Nigerian traffickers diversified both the smuggling routes used to reach the United States and their points of entry into the country. For example, two U.S. citizens—recruited by Nigerians—flew from Baltimore, Maryland, to the Netherlands and

then to Nigeria, where they were given 6 kilograms of heroin. The couriers then flew from Lagos to Mexico City and attempted to cross into the United States at San Ysidro, California, where they were arrested.

Southwest Asian Heroin Trafficking

Importation and distribution of Southwest Asian heroin is much less centralized than that for Southeast Asian heroin, both geographically and in regard to trafficking groups. A number of ethnic groups from Southwest Asia and the Near Middle East are active in smuggling Southwest Asian heroin into the United States and in its distribution; these groups include Afghans, Greeks, Iranians, Israelis, Lebanese, Pakistanis, and Turks. Southwest Asian heroin is transported to the United States directly from producing countries, as well as transshipped through Europe and Africa. Quantities of Southwest Asian heroin bound for the United States also are transshipped through Vancouver, Canada. Although New York City is a major Southwest Asian heroin importation and distribution center, heroin is smuggled into, and distributed throughout, the following locations: the Northeast; Mid-Atlantic cities, such as Baltimore and Washington D.C.; certain West Coast cities, such as Los Angeles, San Diego, and San Francisco; and some Midwestern cities, including Chicago and Detroit.

Most Southwest Asian heroin trafficking groups in the United States are highly cohesive and difficult to penetrate because they are based on ethnic, familial, religious, and tribal relationships. Southwest Asian heroin importers and wholesale level distributors

generally are cautious, rarely transacting business with outsiders. As a result, Southwest Asian heroin trafficking and distribution generally are more prevalent in cities, such as Chicago, Detroit, and New York City, that have large populations from Afghanistan, Greece, Lebanon, Pakistan, and Turkey.

Both large, well-organized Southwest Asian heroin trafficking groups and small, independent traffickers are drawn to the U.S. heroin market. In general, the largest organizations trafficking Southwest Asian heroin supply established distribution networks throughout Europe, the primary market for Southwest Asian heroin. The U.S. market is a secondary market for these traffickers. Most of these organizations store heroin supplies in Europe for security purposes and only send shipments to the United States once a buyer has been identified and proven capable of payment. Most organizations demand partial payment in advance and the balance upon delivery of the heroin shipment to the United States. In addition to the large organizations, smaller independent Southwest Asian heroin traffickers are attracted to the U.S. market because Southwest Asian heroin is more expensive in the United States than in Europe. Independent traffickers can maximize profits for the smaller quantities of heroin they smuggle and distribute by selling that heroin in the United States.

Southwest Asian traffickers rely less on commercial cargo as a smuggling method than their counterparts from Southeast Asia. Generally, Southwest Asian heroin traffickers do not smuggle heroin in multiple bulk shipments. However, they are able to smuggle shipments ranging from 1 to 20 kilograms regularly and, on occasion, larger amounts. Many

Southwest Asian heroin trafficking organizations use commercial cargo and couriers on commercial airlines to smuggle 1 to 5 kilograms on a steady basis. However, several organizations are capable of smuggling from 5 to 10 kilogram shipments aboard maritime vessels on a fairly regular basis. For example, three Pakistanis were arrested in Baltimore, Maryland, after crew members of a merchant vessel docked in the harbor delivered 5 kilograms of Southwest Asian heroin. The heroin had been smuggled aboard the vessel from Pakistan.

Southwest Asian heroin is occasionally transshipped through California and the West Coast, where several Iranian-controlled organizations operate. An investigation by DEA Los Angeles, with assistance from the U.S. Customs Service, uncovered Iranian traffickers who smuggled heroin shipments from Istanbul, Turkey, to Los Angeles in air cargo. DEA special agents seized approximately 20 kilograms of Southwest Asian heroin that had been concealed in an air cargo shipment of glassware and chandeliers.

Mexican Heroin Trafficking

Mexican black tar heroin as well as the less popular brown powder form, is produced almost exclusively for the U.S. heroin market. Organizations composed of Mexican nationals and Mexican-Americans control the smuggling and distribution of Mexican heroin

to and within the United States. Trafficking organizations supplying Mexican heroin are close-knit and are often made up of family members, lifelong friends, and other trusted associates.

Independent trafficking organizations in Mexico have become the primary traffickers of Mexican heroin. However, some Mexican organizations still control the entire process from opium production and heroin processing in Mexico to the management of transportation and distribution networks in the United States.

Mexico's extensive land border with the United States provides smugglers numerous entry points into the country. Traffickers take advantage of their proximity to the United States by storing the larger quantities of heroin in Mexico and then smuggling smaller amounts as transactions in the United States are arranged. Even large, polydrug organizations—capable of smuggling multi-ton quantities of cocaine and marijuana—limit smuggling of Mexican heroin into the United States in kilogram and smaller amounts.

South American Heroin Trafficking

The availability of South American heroin in the United States is on the increase. We believe that opium production and heroin manufacturing were conscious marketing decisions made by the Colombian cartels to expand their business opportunities. It poses a potential serious threat, primarily because of the trafficking resources controlled by the Colombian

cocaine cartels. As the South American heroin market matures, the cartels may expand their heroin trade by increasing gradually the use of their existing cocaine transportation and distribution networks to smuggle larger amounts of heroin to the United States. Heroin trafficking is appealing to the cartels because the cartels can smuggle smaller quantities of heroin to the United States and achieve profits equivalent to those derived from their cocaine sales.

DEA intelligence suggests that the Cali cartel will become the dominant group involved in trafficking South American heroin. The Cali cartel has better access to the predominant opium poppy growing areas in Colombia. The Cali cartel has displayed a significant involvement in the South American heroin trade from its onset. It appears likely that large-scale involvement of the Cali cartel will make it difficult for smaller, independent trafficking groups with limited resources to compete for market share.

Since 1991, most of the South American heroin smuggled into the United States has been transported by Colombian couriers aboard commercial airlines, a method requiring numerous couriers carrying small amounts ranging up to 1 or 2 kilograms per trip. The couriers commonly transported the heroin in false-sided briefcases and luggage, inside hollowed-out shoe soles, or by ingestion.

The primary smuggling method employed by Colombian traffickers and the shipment size, averaging 500 grams, indicate that the Colombian traffickers are not yet able to supply

bulk quantities of heroin. To date, the largest seizure of heroin from Colombia involved a June 1992 airdrop of just under 15 kilograms of heroin on a Puerto Rican beach. However, current investigative reporting indicates that the Colombian traffickers are making increased efforts to supply multi-kilogram quantities at both source and transit country locations, to include delivery to the U.S. market.

Colombian heroin traffickers have established distribution outlets in the United States, particularly in the metropolitan areas of the Northeast. High purity is essential for Colombian traffickers to break into the fiercely competitive U.S. heroin market, especially in the northeastern metropolitan areas. In New York City, Boston, Newark, and Philadelphia, street level heroin purity averaged over 60 percent. Consequently, Colombian traffickers smuggle heroin that is 80 to 99 percent pure.

Colombian traffickers use a variety of tactics to establish mid- and retail-level outlets for their heroin. In addition to providing heroin of unusually high purity, Colombian traffickers offer free samples of heroin to potential distributors, offer to front ounce and multi-ounce quantities of heroin to first-time buyers, and persuade their established cocaine distributors to purchase and sell heroin as a condition of doing business. For example, a typical transaction may have required the distributor who purchased 20 kilograms of cocaine to purchase 1 kilogram of heroin as part of a package deal. Finally, Colombian traffickers

undersell competitors in some cities in an effort to win over customers. This is most evident at the mid- and retail-level where South American heroin is most available; ounce and gram prices for South American heroin are well below those for Southeast Asian heroin.

The heroin problem is a global one -- and it requires a global response. Cooperative programs on a regional and worldwide basis are the only way to effectively address the problem. We also must wage a concentrated attack on every link in the chain of heroin production, beginning with opium poppy cultivation, going through manufacturing, finances and transportation, and concluding with the distribution networks in every country. To that end, DEA has a multi-faceted approach to the heroin problem. DEA is currently participating in the Presidentially-mandated interagency review and an internal Department of Justice coordination of our heroin policy.

In June of this year, I travelled to Eastern Europe with FBI Director Louis Freeh and INM Assistant Secretary Bob Gelbard to evaluate the drug law enforcement efforts of the Commonwealth of Independent States and the Baltic Republics. Unfortunately, information on the capabilities of these nations remain sketchy. Heroin traffickers in particular have exploited the difficult political and economic transitions occupying Russia and the Central Asian Republics. These nations' transition toward a market economy has also promoted opportunities for money laundering. Most criminal organizations in Central Asia are local and ethnic-based. However, their relative sophistication is increasing.

Traffickers use land routes to the Baltics and then move heroin by sea to other markets. Drugs also are moved from Turkey across the Black Sea to Romania and then elsewhere. The Crimean ports of Odessa and Sevastopol are used to stage shipments through Ukraine and Belarus to Poland, according to a European study. Pole and Czech traffickers are mentioned more frequently, along with traditional smuggling organizations composed of Iranians, Italians, Kurds, Turks, and Yugoslavs. In June 1993, Armenian authorities destroyed illicit opium poppy plantations and in August, police arrested several criminals moving opium from Afghanistan through Uzbekistan.

Because these countries do not have adequate resources to address the myriad drug law enforcement problems facing them, the United States Government has made a commitment to assist in training their law enforcement personnel. The drug law enforcement training needs of the Commonwealth of Independent States and the Baltic Republics have been thoroughly assessed by DEA, and we have embarked on an aggressive training program to satisfy those needs. We have conducted regional training programs in Russia and three other states, as well as providing executive training programs here in the United States.

Afghan traffickers have been looking northward as a result of growing economic and cultural ties with Central Asia and a tightening of security along the border with Pakistan. In recent years, hundred-kilogram quantities of heroin have been smuggled on Russian rails from Afghanistan to Western Europe and occasionally then on to the United States.

Kilogram quantities of heroin, shipped from Thailand and India for European consumers, also have been seized at Moscow's international airport. Although Russian authorities, in the past, have attributed trafficking in their country to foreign criminals, there is now unequivocal recognition of the role being played by Russian and Central Asian organized criminal groups. With the capability to smuggle large quantities of drugs from Afghanistan and Iran, ethnic-based criminal gangs have expanded their international criminal contacts to discuss the movement of drugs. Initially expanding their activities on the periphery of the former Soviet Union and in Eastern Europe, Russian criminals have become more active throughout Europe and in the United States, particularly in Florida, New York, and Pennsylvania.

Citing the need to fight organized crime and drug trafficking, the Russian Interior Minister signed an agreement with India to increase cooperation among law enforcement components. In 1993, European police authorities expressed concern over the potential for an increase in drug trafficking through the former Soviet Union. European sources, explaining their apprehension, cited the Russian police forces' loss of nearly 20 percent of its personnel and the 1992 deaths of 300 officers in the line-of-duty. Ethnic criminal groups composed of Armenians, Azeris, Chechens, Georgians, Russians, and others were cited for involvement in drug trafficking.

The major opium poppy growing regions in the Commonwealth of Independent States are the Central Asian states of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and

Uzbekistan. In August 1993, authorities seized 1.2 metric tons of morphine base/heroin from a Turkish truck in Uzbekistan. Some states, notably Kyrgyzstan, Kazakhstan, and Uzbekistan, cooperated on drug law enforcement but remain plagued by personnel and equipment shortages and overwhelmed by civil strife, violence, and other national security issues.

DEA's Heroin Strategy

DEA's overall heroin strategy is structured to disrupt, dismantle, and destroy the major heroin trafficking organizations that are responsible for the production, transportation, and distribution of heroin destined for the United States and other world markets. This strategy is DEA's framework for planning, directing, and supporting major investigations and operations that target the highest level of the heroin traffic. The intent is to focus and coordinate U.S. Government efforts to combat heroin trafficking in and through the various geographical regions. The strategy identifies and sets priorities targeting the most important heroin traffickers in the United States and foreign countries for intelligence collection and exploitation and ultimately arrest and incarceration here and abroad. Unlike cocaine, heroin is produced in four distinct geographic areas of the world each with its own methods of production, transportation and distribution. This diversity calls for separate heroin strategies for each geographical area. DEA has developed a three-pronged strategy to attack the

various levels of traffickers in each geographical area. DEA's three-pronged strategy focuses on: 1) **Production/Refining,** 2) **Transporters/Brokers/Bankers,** and 3) **Domestic Distributors.**

A summary of the initiatives that DEA has already undertaken to implement its three pronged strategy is as follows:

In Southeast Asia, DEA's Bangkok office is utilizing intelligence to target the command, control and communication centers of heroin production in the "Golden Triangle" and the link to heroin brokers in Bangkok, Taiwan, and Hong Kong. DEA is also devoting added resources and developing data bases to target the transporters of Southeast Asian heroin located in Bangkok, Taiwan and Hong Kong. We have also targeted Nigerian transportation organizations who, on the basis of recent domestic and foreign courier and containerized seizure activity, have now become a force to be reckoned with in the Southeast Asian heroin trade. As with the producers, intelligence and surveillance is being used to target the command, control and communication centers of these transportation organizations.

An active program of evidence acquisition will be undertaken against distributors of Southeast heroin in major U.S. cities. DEA Field Divisions with large urban areas are attacking distributors at all levels with an eye toward developing evidence on the their Southeast Asian heroin sources of supply. This not only allows our Field Divisions to impact on lower level organizations with a propensity for violence, but also to identify

command and control centers for further data collection and exploitation. By using the natural instinct of DEA Agents to work up the distribution chain, DEA will be able to identify multi-kilogram distributors linked to transporters and brokers.

In 1986 the New York Field Division established an Asian Heroin Task Force to focus enforcement action on Southeast Asian heroin trafficking organizations operating in New York City. Earlier this month, the task force concluded a two year joint investigation with the indictment of 24 members and associates of the "Ghost Shadows" and "White Tigers" Asian gangs, who were charged with heroin trafficking and racketeering. The successful conclusion of this investigation reinforces my belief that more heroin task forces are needed in other cities to effectively combat the growing heroin problem.

To address the emerging threat posed by Nigerian and West African heroin trafficking organizations, we have initiated an in-depth review of this problem to identify the nature and extent of these groups, determine how they build support and infrastructure, and uncover where they are vulnerable to aggressive law enforcement programs. This information will supply a wealth of intelligence to support ongoing and future initiatives against these heroin trafficking groups.

Production, transportation, and distribution of Mexican heroin, unlike Southeast Asian heroin, is all interrelated. From the opium fields to the initial distribution in the United States, Mexican heroin is controlled by Mexican traffickers and transporters. DEA is

targeting these trafficker and transportation networks with the intent of providing actionable intelligence to DEA's Field divisions to target domestic distribution organizations and to DEA's office in Mexico City to target production sites. DEA is currently working closely with the FBI to develop a Department of Justice strategy targeting Mexican heroin trafficking organizations along the Southwest border of the United States.

Colombian organizations, who control the South American heroin trade, operate in a similar manner as their Mexican counterparts. DEA is targeting the distribution end of these organizations in the Northeast United States. The objective of this program is to collect intelligence on command and control centers to provide targeting data on distribution organizations to cities and states outside the Northeast United States and to our Bogota office to target production and transportation centers.

Southwest Asian heroin organizations are much more fragmented than the other three groups, thus making targeting of their production, transportation and distribution more difficult. DEA is currently concentrating its efforts on the transportation hub of Istanbul, Turkey which will be very important to enforcement efforts in Europe that will provide DEA with the necessary intelligence to target distribution organizations in the United States and production centers in Southwest Asia.

In order to address the threat posed to the United States by drug traffickers operating in Eastern Europe and Central Asia and to provide technical assistance to the local law enforcement authorities in these areas, DEA plans to open an office in Moscow in the near future.

In other efforts, DEA continues to utilize Operation Pipeline, Convoy and Jetway to target the interstate transportation of heroin in much the same way as cocaine shipments are intercepted. These operations have proven to be efficient and successful. Through these operations, DEA works directly with state police organizations to target all modes of land transportation for interstate heroin transportation.

To attack the vulnerabilities of violent drug organizations, cooperative efforts with state and local officials will be expanded and enhanced through DEA's Violent Trafficker Program, an initiative that focuses on local issues and the relationship between violence and drugs. Through this program, we have strengthened efforts with our state and local partners by targeting drug-related violence, particularly in inner cities. Once these violent traffickers have been identified, we work through our state and local task forces to put these organizations out of business.

In the coming months, DEA while implementing these initiatives will develop other heroin strategies to address the myriad heroin threats from all of those trafficking groups now producing and trafficking heroin.

Mr. SCHUMER. Ambassador Arcos.

STATEMENT OF CRESENCIO S. ARCOS, JR., DEPUTY ASSISTANT SECRETARY OF STATE FOR INTERNATIONAL NARCOTICS MATTERS, U.S. DEPARTMENT OF STATE

Mr. ARCOS. Thank you, Mr. Chairman. I appreciate the opportunity to appear before you this morning to address the international side of our Nation's growing heroin threat.

I have a written statement which if——

Mr. SCHUMER. Without objection, that will be inserted into the record.

Mr. ARCOS. Thank you, sir.

It is my pleasure to be here with Dr. Brown and also Administrator Constantine. Let me just say their data are crystal clear. The heroin problem is growing worse here at home. Internationally, it is more than a problem. It is reaching crisis proportions.

While the United States is by no means the only or even the largest recipient of this increase, we are the most lucrative market and, therefore, the primary target for both established and new international heroin trafficking organizations. This is a different threat—a more complex threat, I must say—than we are accustomed to facing from cocaine. It requires a truly united and organized international response.

Let me make a few quick points to put the problem in perspective and highlight our concerns and response.

First, the production problem is staggering. The pipeline is full. Our most recent estimate covering 1993 puts worldwide illicit opium production at 3,700 metric tons. This is double the amount in 1986. It is enough to produce 370 tons of pure heroin, many times more than needed to meet U.S. heroin consumption.

Second, the geographic scope of production is almost boundless. Unlike coca. Which is concentrated in only one region of South America and faces a prolonged startup time, opium grows in every corner of the world. Although Burma is by far the leading producer, with 70 percent of worldwide production in 1993, cultivation occurs in 10 to 11 other Asian and Latin American countries.

Third, our access to opium growing areas is limited and dangerous. Semiautonomous and well-armed groups control much of the world's major opium and heroin-producing regions. They violently resist drug control efforts.

Fourth, exploding global demand increases the incentives for production. We see the greatest increases in producing and transit countries. Western Europe remains a major market, and we are concerned about rising addiction in Central Europe and the States of the former Soviet Union.

Fifth, trafficking organizations are proliferating faster than Customs and enforcement authorities can keep pace. They are active in five continents. As we observed in Nigeria, peripheral countries can quickly emerge as key brokering or distribution hubs.

It is dangerous to simplify this picture by singling out one country or region. Today Southeast Asia is our great threat. It is the world's leading producer and supplies the greatest share of heroin to the U.S. market. But the nature of the trade is such that no region is immune. Southwest Asia and Latin American organizations

have the potential to increase deliveries to the United States quickly. And Latin American traffickers are making a strong effort to do so, as pointed out by Administrator Constantine.

Colombia's emergence as a major producer is increasing the supply of heroin on our streets. The picture of heroin production combined with efficient cocaine distribution networks already in place is not pleasant to contemplate.

These are ominous trends. They have the potential to overwhelm international narcotics control resources if they are not carefully targeted and coordinated. U.S. programs alone cannot stop this problem, nor should they be expected to. We need an international response. Yet international awareness of the problem and commitment to attacking it are woefully lagging.

As a first step, we must get across the message that heroin trade is not simply a law enforcement problem but a fundamental threat to a nation's social, economic and political institutions. If the heroin Mafia in Sicily can terrorize, if a narcofigure can almost become Thailand's Prime Minister, then no country is immune, and our interests are greatly threatened.

Beyond awareness, we need to take other intensive steps. The global heroin crisis cries out for a more aggressive international response. We want a greater role for multilateral organizations. They can increase international attention on the problem, lead and coordinate global and regional initiatives and reach into important countries such as Burma, Afghanistan, Iran, and Lebanon where our access is limited. We have helped create institutions in the United Nations to do this and will press the United Nations to take effective action.

We are working hard to engage the international financial community for the first time in focused counternarcotics initiatives. Quite frankly, they are an untapped resource that can provide valuable support to sustainable and alternative development in drug producing regions. They can also help with institution building, but the recipient countries must come up with the plans to use this assistance. We are working closely to encourage this.

We are continuing to pursue sharply focused regional and bilateral programs. We will not waste this money. The programs are designed to strengthen narcotics institutions in key source and transit countries that demonstrate a commitment to narcotics control.

We want to strengthen the ability of justice systems to confront trafficking organizations. Too many countries lack the legal and institutional foundation to do this. Many that have the foundation are not using it effectively. Our programs can bring such key countries as Pakistan and Thailand technically up to speed.

Deciding to respond aggressively is a matter of political will. We will use whatever means to boost political will. This includes making more aggressive use of the certification process.

This is not an idle threat. Last April, the President issued the sternest certification ever, including issuing tough decisions against two heroin trafficking countries, Nigeria which was decertified and Laos which was granted only a national interest certification.

Crop control remains basic to our strategy. The long-term opium production trend is down in nearly every country where we have crop control programs. I am pleased to report that the United

States and Venezuelan Governments recently cooperated in an eradication effort that destroyed some 2,500 acres of poppies and I hope stopped an incipient opium trade in that country cold.

Mr. Chairman, our future initiatives will be largely shaped by the availability of resources and other policy considerations. We face a big challenge in developing an effective approach to Burma. We will continue to apply pressure through its neighbors, but, quite frankly, we must have support for a strategy toward Rangoon that effectively advances our counternarcotics, human rights and democracy goals.

China is another major concern, as are the potentially serious narcotics trafficking problems emanating from Central Asia. Even Central Asian heroin, which is not a major U.S. problem, buttresses crime syndicates that threaten new commercial and democracy building efforts there.

Finally, Africa and Latin America are troubling areas for expanded trafficking. Our decertification of Nigeria and eradication efforts in Venezuela should send strong signals to traffickers and governments alike that we intend to fight the expansion of heroin traffic on these continents.

Mr. Chairman, I think we will all agree that we cannot rely on international efforts alone to thwart the heroin threat. We need solid, sufficiently funded and well-coordinated domestic and international programs.

Our programs are simple, but we need more help from the international community, and we need more help from the Congress. I look forward to working with the committee and the Congress to ensure that heroin does not become the next American drug epidemic.

Thank you, sir.

Mr. SCHUMER. Thank you, Ambassador.

[The prepared statement of Mr. Arcos follows:]

STATEMENT OF DEPUTY ASSISTANT SECRETARY OF STATE
FOR INTERNATIONAL NARCOTICS MATTERS
CRESENCIO S. ARCOS, JR.
BEFORE THE SUBCOMMITTEE ON CRIME
HOUSE JUDICIARY COMMITTEE
SEPTEMBER 29, 1994

Mr. Chairman and Members of the Committee:

Thank you for providing the State Department and the Bureau of International Narcotics Matters this opportunity to address the international side of our nation's growing heroin threat. This is not just a problem, but a crisis; and it is not just national, but global, in scope. Dr. Brown and Administrator Constantine have presented data that is crystal clear--this problem is growing worse at home. The increase in heroin availability on our streets reflects increases in heroin production and trafficking abroad. While the United States is by no means the only--or largest--market for this increase, we remain the most lucrative market and therefore the primary target for both established and new international heroin trafficking organizations. Today's international heroin trade presents us with a number of unique policy and program challenges which must be met with a truly united and organized international response.

Mr. Chairman, let me start by providing a few key statistics to put the international heroin trade in perspective. These are important factors to keep in mind, particularly for those who are accustomed to assessing the narcotics problem from the perspective of the cocaine trade. They underscore fundamental differences between the cocaine and heroin trades and help illustrate the policy and program options, limitations, and opportunities of our response.

First is the sheer size of the production. Our most recent estimate of worldwide illicit opium production is approximately 3,700 metric tons. This is double the amount estimated in 1986. 3,700 tons of opium is enough to produce 370 tons of pure heroin. While we do not know the precise size of the US heroin market, by all accounts worldwide opium production is many times greater than what is needed for US heroin consumption.

Second is the geographic scope of the production problem. Coca production is concentrated in only one region of South America. Illicit opium cultivation occurs in virtually every corner of the world, and the number of producing countries is expanding. DEA's signature program shows that the United States continues to be supplied with large amounts of heroin from Southeast Asia, Southwest Asia, and Latin America. Burma is by far the leading opium producer--its 2,575-ton crop accounted for approximately 70 percent of worldwide production in 1993--but at least ten other countries are significant producers for the international trade. Some of these

countries, such as Colombia, have entered the trade in recent years, and traffickers are making constant attempts to start up production in new countries. For example, we recently supported a major eradication effort that destroyed over 2,500 acres of new poppy cultivation in Venezuela.

Third is the problem of access to producing areas. Most opium and heroin production occurs in areas that are currently outside the effective influence of the United States or even the effective control of national governments. In Southeast and Southwest Asia, opium is produced in areas controlled by semi-autonomous, well-armed, and violence-prone, tribal, ethnically-based, or war lord groups. Many of these groups are heavily dependent on income from the opium trade and view any effort to control it as a direct challenge to their autonomy.

Fourth is the rapidly escalating worldwide demand for heroin, which is increasing the incentive for opium production and heroin refining. Drug users in opium-producing countries are switching from opium to heroin, a trend that has been well documented in Pakistan and Laos. Meanwhile, heroin addiction is spreading in key transit countries such as China and India. Heroin addiction remains the primary drug abuse concern in Western Europe, and we are increasingly concerned about signs of growing heroin use in Central Europe, Russia, and other states of the former Soviet Union.

And, finally there is the problem of the proliferation of trafficking networks around the world. The growth in markets and sources has created an increasingly complex web of trafficking networks that stretches across virtually every continent. It has also created opportunities for new organizations to enter the trade. Countries that were once on the periphery of the trade, such as Nigeria, are playing increasingly important brokering and distribution roles. The complex and constantly changing pattern of smuggling routes and methods places enormous pressure on international customs and law enforcement organizations just to keep pace.

In terms of volume, Southeast Asia is our greatest threat today--it is the world's leading producer and supplies the largest share of heroin in the US market. Yet the nature of the heroin trade is such that no region is immune. Both Southwest Asian and Latin American trafficking organizations have the potential to increase heroin supplies to the United States, and Latin American traffickers in particular are making a strong effort to do so. DEA's data show that the availability of heroin from Latin America is rising in the United States. The growth appears largely the result of the emergence of Colombia as an important opium producer since 1991. This is an especially troublesome development given the extensive distribution network Colombian cocaine traffickers already have in the United States. Recent detection--and

eradication--of significant opium cultivation in Venezuela underscores the potential spillover of production to other Latin American countries.

The increasing size and complexity of the international heroin trade have the potential to overwhelm international narcotics control resources if they are not carefully targeted and coordinated. US programs alone cannot stop this problem, nor should they be expected to do so. The only truly effective response must be international. Our concern, however, is that international awareness of the heroin problem and commitment to attacking it are lagging. The objectives of our international heroin control efforts are therefore to strengthen international commitment to combat the problem and to ensure that our programs are concentrated where they have the greatest effect on reducing the threats to our interests.

To boost international concern, we are spreading the message through a variety of diplomatic, public awareness, and multilateral mechanisms that the heroin trade poses a fundamental threat to a country's social, economic, and political institutions. It is important that these countries understand we do not view the heroin trade as simply a law enforcement problem affecting the United States. The countries most at risk need to understand that, if left unchecked, the heroin trade will undermine the very type of development and progress they are trying to achieve. It fosters corruption, erodes public health, contributes to HIV/AIDS transmission, increases local crime, and erodes public trust in government and the rule of law.

We are committed to making maximum use of multilateral organizations to combat the trade. They can not only increase international attention on the problem, but also coordinate and carry out global, regional and country-specific efforts to reduce the production and distribution of heroin. In some instances, UN organizations and other multilateral groups are channels for access to important heroin-producing and transit areas such as Afghanistan, Burma, Iran and Lebanon to which the United States has limited direct access. Multilateral groups play an important role in developing guidelines to control the trade in chemicals used to refine heroin and produce other drugs. Such groups are also focal points for international coordination to combat money laundering.

In a related area, we are for the first time engaging international financial institutions and multilateral development banks in serious counternarcotics initiatives. A largely untapped resource, these organizations can play a valuable role in supporting sustainable development programs that are crucial to developing income and employment alternatives to narcotics production. The World Bank and other lending institutions are ready to support these types of

projects, and we will be working to encourage key opium-producing countries to submit proposals for using such assistance.

While we are pressing for an expanded international commitment to heroin control, and seeking to focus more of these efforts on areas where our access is limited, the backbone of our efforts continues to be regional and bilateral programs.

Our programs are designed to strengthen counternarcotics institutions in key heroin source and transit countries that demonstrate a commitment to narcotics control. They will enhance the ability of judicial systems to step up operations against the leading trafficking organizations. Today, too many countries lack the conspiracy, asset forfeiture, or other legislation that is necessary for conducting effective investigations and prosecutions. And many countries that have the laws lack the expertise to use them aggressively. Bringing such key countries as Pakistan, Thailand, and others technically up to speed is feasible; getting them to respond aggressively is a matter of political will.

We are strongly committed to using whatever means we can to boost the political will in key countries to intensify heroin control efforts. Increasing awareness of the threat is one way. But if awareness fails to deliver results, we will make aggressive use of the narcotics certification process. To put it simply, if the President determines that a country has not fully cooperated with the United States, or taken adequate steps on its own, to control narcotics trafficking, we will cut our non-humanitarian assistance and vote against requests for loans from international financial institutions. This is not an idle threat. Earlier this year the President issued the sternest certification decision ever; he delivered tougher decisions against two key heroin trafficking countries: Nigeria (which was denied certification) and Laos (which was granted a national interest certification because our vital national interest required it).

Crop control remains basic to our overall strategy. Although rapidly increasing cultivation in areas outside our influence is driving up worldwide production, our programs, when implemented, have been effective. In fact, the long-term trend in opium production is down in nearly every country where we have (or had) crop control programs: Mexico, Guatemala, Pakistan, Thailand, and Laos. Our Colombia program is only three years old. It has held the problem in check although there have been recent sightings of new cultivation in northeast Colombia. Meanwhile, a surge eradication operation in Venezuela seems, for now, to have stopped cold an incipient poppy production effort. These operations show that eradication can work, but they also highlight the conditions

that are required for long-term success currently lacking in too many of the remote and inaccessible producing areas: government access to the region, commitment to crop control, and the availability of economic alternatives for growers.

Ladies and gentlemen of the Committee, let us be honest. Our future heroin control initiatives will be largely shaped by the availability of resources and other policy considerations. We need to develop an effective counternarcotics strategy for Burma while also advancing a policy that enhances human rights and democracy. Let me stress that these goals are not in conflict. Indeed, effective and sustained progress in counternarcotics in Burma will depend on increased political accountability in that country. Effective counternarcotics work in Burma calls for considerable effort, planning, and resources. We hope to work with other concerned countries to maximize pressure on Rangoon to step up its counternarcotics efforts, particularly in attacking the war lord Khun Sa and his Shan United Army, who boast of their ability to poison American citizens with their heroin production.

China is another heroin problem area receiving increased attention from us. Indeed, Assistant Secretary Gelbard's first narcotics-related trip abroad after being sworn in last November was to China where he pressed for stronger cooperation on counternarcotics. We have provided demand reduction and interdiction training; we are watching to see how vigorously Beijing moves to stem heroin smuggling through China and to press Burma to conduct tougher antidrug operations.

We must also be prepared to respond to potentially serious narcotics trafficking problems emanating from Central Asia. Many accounts indicate that the problem there is large but not yet a direct trafficking threat to the United States. It originates with opium production in Afghanistan--the world's second leading source--and is compounded by opium production in the central Asian states of the former Soviet Union. The end of the civil war in Afghanistan, the collapse of the Soviet Union, and the consequent social and governmental upheavals have contributed to a burst of narcotics production and trafficking in the region. So far, it appears that this trade is serving local and European markets, but the continued growth and maturation of Russian organized crime syndicates sends a dangerous signal about increased global exports of central Asian heroin. Even if the region's heroin does not reach the United States, the trade enriches the local crime syndicates and undermines our efforts to establish democracy and free market economies.

Africa and Latin America are troubling areas for expanded heroin trafficking. Our decertification of Nigeria this year and our rapid response to quash opium production in Venezuela should send strong signals to governments and traffickers alike

that we intend to fight further expansion of the trade on these continents. We are in close contact with the new South African government, which is itself apprehensive about becoming another victim of the international drug trade. We share that concern, knowing how international trafficking organizations often seek to expand their markets and transshipment operations into states in transition. Accordingly, we are developing public awareness and demand reduction and law enforcement training programs with South Africa to stay ahead of the traffickers.

Mr. Chairman, I believe it is fair to say that we cannot rely on our international efforts alone to thwart our growing domestic heroin problem. We need solid, sufficiently funded, and well-coordinated domestic and international programs. Our international narcotics control programs are playing a key role in trying to keep the trade in check, but we need more from the international community. On Monday, at the United Nations General Assembly, President Clinton spoke to the need for enhanced international cooperation against organized crime. He announced plans for opening a law enforcement training academy in Europe to attack drug and other organized crime activity. The heroin problem will be a target of this effort. In fact, this is exactly what we have called for to combat heroin for the past 18 months--increased international commitment and cooperation.

We are ready to do our part. I thank the Committee for your support in the past, and hope we can continue to count on it in the future.

Mr. SCHUMER. I want to thank both of you for your comprehensive and well-put-together testimony.

Mr. Constantine, my first question is this: In the late 1970's heroin was the drug of choice. Crack or cocaine took over in the 1980's. What factors changed—caused that change and what factors are at work now that might again show that crack use might decline and heroin use might increase? I mean, I am sure there are some on the supply side, some on the demand side, but just give us a thumbnail sketch.

Mr. CONSTANTINE. I think you hit in it your opening statement. What happened was heroin and drug addiction was looked upon as a serious problem, usually was the poorer people who were facing this. Then, all of a sudden, cocaine came along in the middle to late 1970's and it became a drug that was glamorized and made romantic in the movies and television shows.

The wealthy elite of usually the east coast and west coast all said this was a substance that could be used by everybody, and it would not be addictive, wouldn't be a problem. And everybody jumped into it. We wound up with phenomenal numbers of people using cocaine across the whole social strata.

Then somebody invented this devil's brew—crack cocaine. That was two things. One, it was cheap enough in price that poorer people now could afford to get into the use of cocaine. And extremely addictive. The wealthy or the elite that had been involved in the so-called casual use of powder cocaine were able to have a lot of resources and got out of it. They left behind hardcore users who didn't have all of those resources and were a very vulnerable group. And that hasn't changed, and I don't see any indication of it changing.

Mr. SCHUMER. You don't see crack declining?

Mr. CONSTANTINE. No, I don't.

Mr. SCHUMER. There have been a current spate of articles that even in the poor communities the damage that crack has brought are finally creating consciousness among young people that this is something to avoid.

Mr. CONSTANTINE. We have not seen an indication of that yet, Congressman. What we have seen is the amount of usage, the people—the usage of crack in the quantity rather than the individuals has stayed about the same. There are less people who are willing to try it, but those people who have been using it are using more, and the problem for people in law enforcement.

I am sure the New York City police officers really face this every day like I used to in my other job, is the amount of drive-by shootings, that this gangland wild West syndrome that became part of the crack cocaine thing has not abated.

Mr. SCHUMER. What factors are at work that might increase heroin—or are you worried that heroin will become a drug of choice again on its own, not in conjunction with cocaine?

Mr. CONSTANTINE. My biggest fear is it will be another level of drug usage to supplement. It won't supplant; it is going to supplement. You are going to have other people using heroin who maybe would not have used crack cocaine before.

I think the factors are on the board. One, the price is very low; second of all, the purity level is high for a lot of addiction; and the

third is it is being romanticized just as cocaine was in the late 1970's. You have all the rock stars and Hollywood set and the East Side of Manhattan. Everybody is saying, gee, here is a drug now that can be inhaled and snorted, and it is not that messy drug that makes me violent.

Mr. SCHUMER. So you would recommend an intensive education campaign about how bad heroin is before—so we can nip things in the bud, so to speak.

Mr. CONSTANTINE. I don't think that society should have to go through what we have been going through since 1985.

Mr. SCHUMER. A good point. We are going to follow up on that.

Ambassador, we are going to have a vote, and I don't want to keep you gentlemen waiting.

The Burma problem perplexes me. I understand you can't just focus on one country. Nonetheless, Burma is the largest.

It was interesting to hear Dr. Brown's testimony. Evidently, Europe uses more heroin than the United States does which I don't think occurred in the late 1970's. Am I right about that?

Mr. ARCOS. I am not familiar with the figures in the late 1970's in terms of Europe. But clearly, right now, Europe is the largest market for heroin.

Mr. SCHUMER. That is interesting. But, in terms of Burma, it seems to me we are sort of in a difficult position—and I guess Mr. Constantine could comment on this, too, but, really, the Ambassador is the one I am directing the question at.

Here we are. We have a country that has an abominable human rights record. So, generally, the inclination not of this administration but of the policy of the country in the last decade has said, OK, you are bad on human rights. We are going to isolate you and cut you off in a variety of different ways.

And yet to deal with even these semiautonomous groups—as you point out they are semiautonomous and, as Mr. Constantine points out, they have some heavy weapons—you are going to need the cooperation of that Government. How do we resolve this dilemma?

Mr. ARCOS. Let me say, Mr. Chairman, that I accompanied Dr. Brown on our trip to the Far East and Southeast Asia last June, and we met with the neighboring countries, particularly Laos and Thailand and Malaysia and Singapore. And all of them told us that to deal with the heroin problem globally you had to deal with Burma, and we certainly understand that, and we appreciate that in the State Department.

We do have, as you mentioned and I mentioned also, as has been mentioned this morning, the problem of how do we square that with our concerns and not sacrifice or serve up human rights concerns as well democracy concerns. And that is a real challenge, Mr. Chairman.

And what we have done right now in the State Department to move along—as a result of my report and particularly Dr. Brown's report to the President and to the Secretary of State on the trip—it has now been agreed that we are moving toward a deputy's committee within the National Security Council and dealing with how—exploring how to deal with Burma and approach this problem in a constructive way.

In the meantime, we are now in the process—in the next 4 weeks we are sending out sort of a midlevel delegation out to Burma that will deal with the issue of democracy and human rights but, more importantly, the issue of narcotics and heroin. So we will engage them, but we have to engage them in such a way that we do not serve up the other interests that we have a concern about.

Mr. SCHUMER. It is a difficult tightrope to walk. I would just—and I am going to have to vote so maybe we will correspond in writing, all of us, on this. But I think if you ask the majority of American people are they more concerned about keeping the drugs off their streets or human rights in Burma, and they are probably concerned about both, but the former would take precedence over the latter.

Mr. ARCOS. I understand.

Mr. SCHUMER. I thank you, and we are going to take another little break while we vote. We will resume shortly with the third panel.

[Recess.]

Mr. SCHUMER. The hearing will come to order.

Let me apologize to the witnesses and everybody else. The voting schedule is a little rocky today, and we had two votes there so it took a little longer than I had thought.

But let me introduce our third panel. Our third panel will discuss the problems of heroin from the point of view of local enforcement and of heroin addicts.

To discuss local law enforcement, we are proud to have Inspector James Raber, who has been a member of the New York City Police Department since 1968. He is currently commanding officer of the drug enforcement task force. Prior to this assignment, he served as executive officer of the narcotics division. He has also commanded precincts in Queens and Central Harlem.

Deputy Inspector James Ward is accompanying Mr. Raber, and Mr. Ward currently serves the New York City Police Department as commanding officer for the Narcotics Borough Manhattan South.

To discuss heroin addiction, we are honored to have Mr. Chester Jones. He is a recovering heroin addict and a certified addictions counselor with the Marshall Heights Community Development Association in Washington, DC.

We will ask Inspector Raber to begin and then move on through our panel.

And your entire statements will be put into the record, and you may speak as you wish. We are going to try to stick to the 5-minute rule so we don't hold people up any further.

STATEMENT OF INSPECTOR JAMES RABER, COMMANDING OFFICER, DRUG ENFORCEMENT TASK FORCE, NEW YORK CITY POLICE DEPARTMENT, ACCOMPANIED BY DEPUTY INSPECTOR JAMES WARD, NARCOTICS BOROUGH MANHATTAN SOUTH, NEW YORK CITY POLICE DEPARTMENT

Mr. RABER. Yes, Mr. Chairman.

Mr. Chairman, first of all, thank you very much for inviting us to this session. We would like to commend you for your leadership in the House concerning drug issues and recently the crime bill.

People in our city are already experiencing an uplift knowing that the Federal Government is taking a strong stand on crime.

Is heroin back? Recent media accounts have included stories on heroin use by celebrities, fashion industry people and the rise in availability of high purity heroin. Do these accounts tell us that heroin is, in fact, back? Simply stated: It never left. Recent narcotics division statistics for heroin arrests and seizures as well as incidences of treatment admissions in emergency room cases indicate that heroin use is apparently on the rise in New York City area.

There are several theories for this substantial increase. In essence, it is competition between the producers and the traffickers. Also, there are new ingestion methods—snorting and smoking—and we believe that this removes the taboos associated with needle injection and that may move new users to the drug.

The street distribution. New York City street level heroin distribution is predominantly controlled by Hispanic groups. The use of brand names usually stamped on glassine envelopes allows potential customers to easily identify and purchase heroin that is assumed to be high quality.

Brand names such as Death Wish, DOA, Final Notice, Suicide, Kiss of Death, imply that heroin is so powerful that it could kill the user. Other brands such as High Voltage, High Class and Big Shot point to the alleged effects of the heroin high.

In New York, glassine envelopes are usually sold for $10. Heroin distribution occurs in the five boroughs, with Manhattan the most significant. Traditionally, the heroin user was older, less well off financially and residing in the inner city.

There appears to be a younger, more affluent user emerging. Also recent surveys support an indication in the change of ingestion from needle to inhalation.

In August 1994, the medical examiner's office confirmed the death of an individual from injecting high purity heroin. This death was tied to the brand name China Cat. Within 4 days, 13 other deaths, all in Manhattan, were believed to be the result of heroin—this type.

Final toxicology tests, however, showed these 13 deaths were not attributed to China Cat heroin. Two died of natural causes, four died from ingestion of cocaine alone, and the remaining seven died from a mixture of heroin and cocaine. These seven deaths support the position that many cocaine users are also using heroin.

The law enforcement community in New York City has seen and witnessed problems associated with drug consumption. The New York City Police Department attacks the drug problem.

Commissioner William Bratton has implemented five strategies to improve the quality of life in New York. Strategy number three is entitled "Driving Drug Dealers Out of New York." It is the cornerstone of our drug policy.

We empower our beat officers and the community members to identify target locations. We then put emphasis on transit facilities, schools and places of business. There are over 12,000 identified drug locations throughout the city.

We in New York law enforcement are using every legal means in our arsenal, and that goes from the loitering arrests, civil forfeit-

ure initiatives, buy-and-bust initiatives and so on. In the 1980's, our society was caught short when crack exploded in the United States. We do not want this to happen again.

While law enforcement indicators and other limited factors show increase in heroin abuse, it is still unclear whether this foretells an impending heroin crisis. What might be examined in more detailed fashion are incidences of crossover use and new user population. Medical practitioners, drug treatment specialists in New York area have indicated many crack abusers are using heroin to offset the effects of crack. This could be a contributing factor, and it is a major concern within our city.

Mr. Chairman, we are concerned with a problem with the ingestion method of snorting. This high-purity level—and it was mentioned previously that this may increase the tolerance, and once the tolerance level is reached they may revert back to injecting with the needle thereby exacerbating AIDS problems and so on.

In conclusion, we would like to say it is forums like this that can act as a catalyst to generate future action. I was happy to hear previously you mentioned we were going to get out and do more education because I truly believe that we have to show people, turn this around, saying that the snorting—it is addictive, and it will ruin their life.

On behalf of the New York City Police Department, we thank you for inviting us to testify.

Mr. SCHUMER. Thank you, Inspector.

[The prepared statement of Mr. Raber follows:]

REMARKS
BY

INSPECTOR JAMES RABER

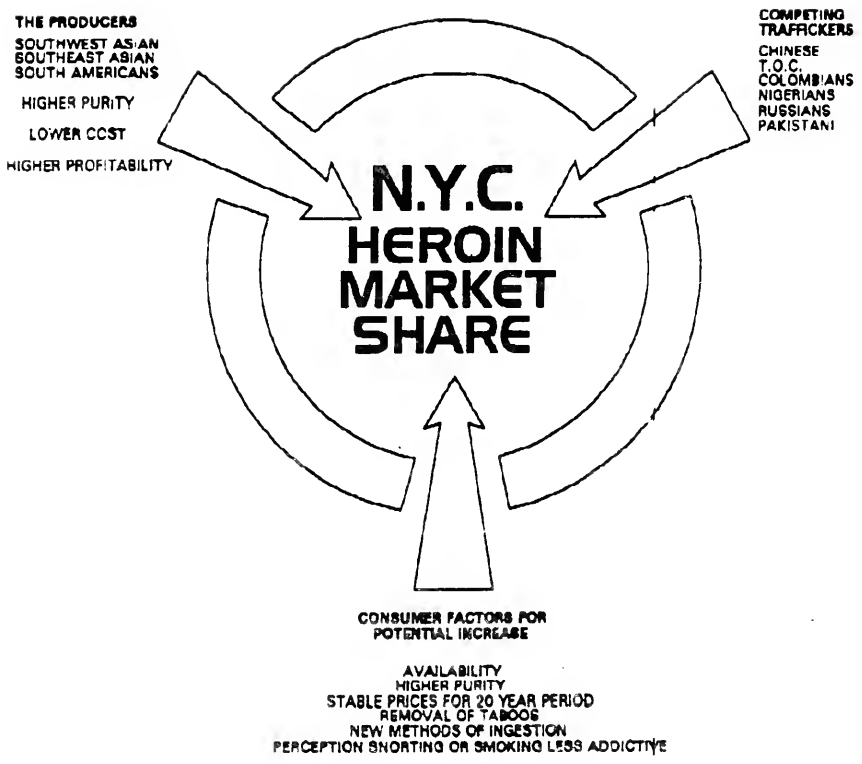
DEPUTY INSPECTOR JAMES WARD

POLICE DEPARTMENT
CITY OF NEW YORK

RE:

STATEMENT DELIVERED TO
THE UNITED STATES HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON CRIME AND CRIMINAL JUSTICE

SEPTEMBER 29, 1994


THE PRODUCERS
SOUTHWEST ASIAN
SOUTHEAST ASIAN
SOUTH AMERICANS
HIGHER PURITY
LOWER COST
HIGHER PROFITABILITY
COMPETING TRAFFICKERS
CHINESE
T.O.C.
COLOMBIANS
NIGERIANS
RUSSIANS
PAKISTANI
N.Y.C.
HEROIN
MARKET
SHARE
CONSUMER FACTORS FOR POTENTIAL INCREASE
AVAILABILITY
HIGHER PURITY
STABLE PRICES FOR 20 YEAR PERIOD
REMOVAL OF TABOOS
NEW METHODS OF INGESTION
PERCEPTION SNORTING OR SMOKING LESS ADDICTIVE

INTRODUCTION

Mr. Chairman, members of the subcommittee, I am Inspector James Raber of the NYC Police Department. With me today is Deputy Inspector James Ward. Thank you for affording us the opportunity to speak with you this morning. Collectively, our law enforcement experience spans more than fifty years and we have witnessed the blight created in New York City by illegal drug consumption. We are pleased to share with you our thoughts on HEROIN use in New York and efforts to address the number one threat facing our City and nation, ILLEGAL DRUGS.

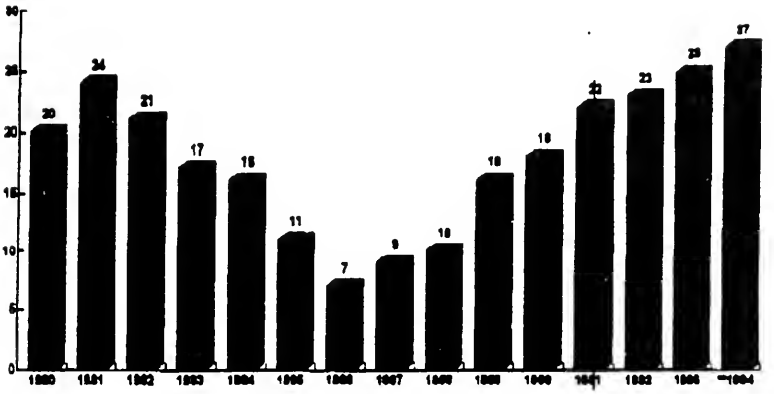
Mr. Chairman, we would like to commend you for your leadership in the House concerning drug issues and most recently the CRIME BILL . People in our City are already experiencing an emotional uplift knowing the Federal Government is taking a firm stand on the issue of crime.

THE PROBLEM

IS HEROIN BACK?

Recent media accounts have included stories on heroin use by celebrities, fashion industry people, and the rise in availability of high purity heroin. Do these accounts tell us that heroin is in fact back? Simply stated, heroin never left. In 1981, heroin accounted for 24% of the arrests made by New York City Police Department's Narcotics Division (See Chart A) With the emergence of crack in the mid 1980's, the percentage of heroin arrests dropped to 7% in 1986. However, by 1993, heroin arrests increased, accounting for 25% of Narcotics Division arrests.

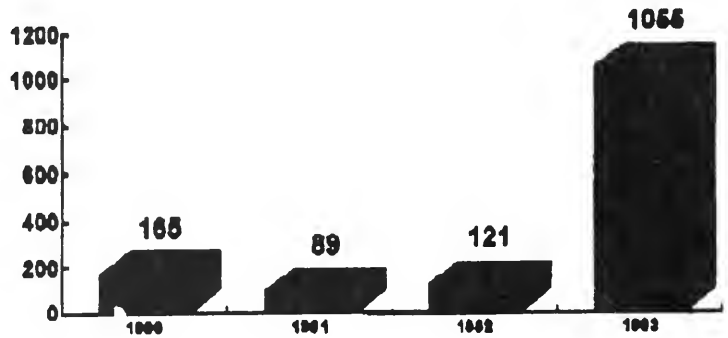
NYPD NARCOTICS DIVISION HEROIN ARRESTS
PERCENTAGE BY YEAR



(CHART A) **1994 1st six months

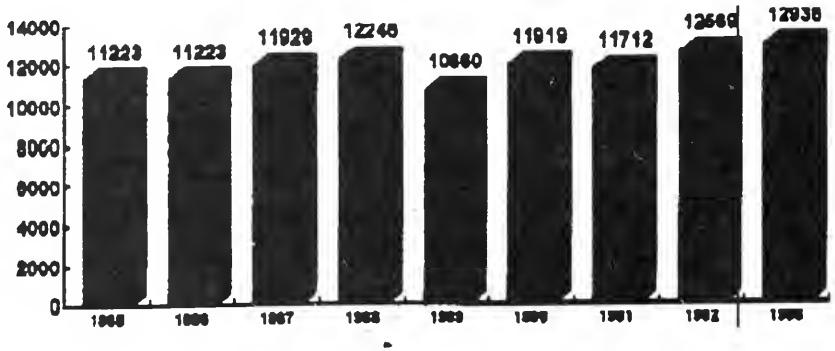
Recent Narcotics Division statistics for heroin arrests and seizures (See Chart B), treatment admissions (See Chart C), and emergency room cases, indicate that heroin use is apparently on the rise in the New York City area. Heroin's availability; high quality; affordibility, and apparent perception that when snorted or smoked, is less addictive than intravenous use, has the narcotic enforcement community concerned.

NYPD NARCOTICS DIVISION HEROIN SEIZURES IN POUNDS



(CHART B)

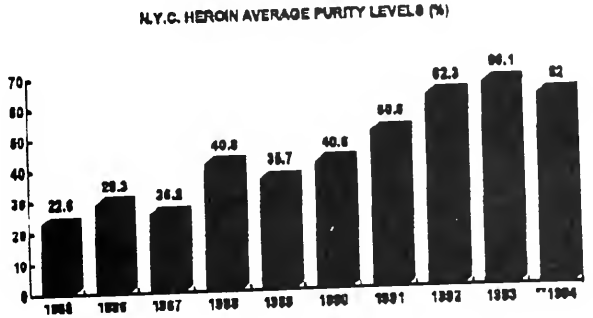
DAWN REPORT
NYC HOSPITAL ADMISSIONS
HEROIN AS PRIMARY DRUG



(CHART C)

READY AVAILABILITY, HIGH PURITY, AFFORDABILITY

It is undisputed that heroin is readily available in New York and at a high level of purity Historically, in the New York area, heroin in retail purity levels ranged from 3 - 10%. Since 1985, New York's drug enforcement community has reported a surge in purity levels (See Chart D)



(Chart D) **1994 JANUARY THRU MARCH

There are several viable theories for the substantial increase in purity levels, lower prices, and increased availability of heroin. They include factors such as:

Glut of heroin in the international market - Due to political conditions and competition, the mid 1980's saw a stockpile of Southwest Asian (SWA) and Southeast Asian (SEA) heroin put on the market. SEA traffickers capitalized on these conditions and garnered a larger share of the market. Historically, SEA has tended to produce a higher purity of heroin, although recent data has shown SWA has increased in purity.

Colombian Heroin - The DEA Domestic Monitoring program indicates that high purity Colombian heroin is presently on the streets on New York. Current intelligence has

discovered that Colombia has increased its poppy cultivation twofold. Therefore, this relatively new source of heroin is contributing not only to higher purities, but to the overall supply as well.

Fear of Aids - drug users fear of contracting this disease may, in part, be responsible for the decline in intravenous use of heroin. Intravenous injection of heroin requires lower purity levels to attain the desired effects of the drug. On the other hand, to attain similar effects, intranasal "snorting" requires heroin of much higher purity level. Also, new users may be drawn to available high purity heroin.

WHERE IS HEROIN COMING FROM?

SOURCE COUNTRIES AND TRAFFICKERS

Currently, sources indicate the majority of heroin reaching the streets of new York is coming from Southeast Asia. However, recent intelligence indicates the presence of heroin from Southwest Asia, the former Soviet Union, and Colombia. A considerable number of recent seizures of Colombian heroin had purity levels in the mid to high 90 percent range. Heroin enters New York via commercial airlines and freighter ships. The drug is smuggled in commercial cargo, personal luggage, and in body cavities.

In addition to traditional organized crime (TOC) groups, various ethnic groups such as Chinese, Pakistani, West Africans, Colombians, and most recently, Russians, are responsible for local, mid-level heroin distribution. Historically, when heroin from Southwest Asia (SWA) dominated the New York market, TOC groups, with close ties in Italy, were mainly involved in the smuggling and local distribution. Then, as heroin from Southeast Asia began to increase its share in the New York market, ethnic Chinese became the main traffickers. In addition, successful

prosecution of major TOC groups helped to reduce their role in heroin trafficking. Recent cases, however, have showed TOC groups are still involved. In 1993, The New York Police Department's Narcotics Division concluded a three year investigation into heroin trafficking Dubbed "Operation Bigshot", the case revealed ties between TOC groups and SEA heroin

STREET DISTRIBUTION

New York City street level heroin distribution is predominately controlled by Hispanic groups The use of brand names, usually stamped on the glassine envelopes, allows potential customers to easily identify and purchase heroin that is assumed to be high quality. Brand names such as "Death Wish," "DOA," "Final Notice," "Suicide," and "Kiss of Death," imply that the heroin is so powerful it could kill the user. Other brand names, such as "High Voltage," "High Class," and "Big Shot," point to the alleged effects of a heroin high. In New York, glassines are usually, sold for $10

In Manhattan, heroin appears predominately in the Lower East Side and, in the north, in East Harlem. In the Lower East Side, the heroin trade is controlled by Dominicans originating from Brooklyn and Chinese gangs in Chinatown. Recent brand names include, "Gucci," "Express," and "Poison." In East Harlem, Hispanic groups control the street trade. Brand names include "Poison," "Silver Bullet," "Hot City," and "Hot Party"

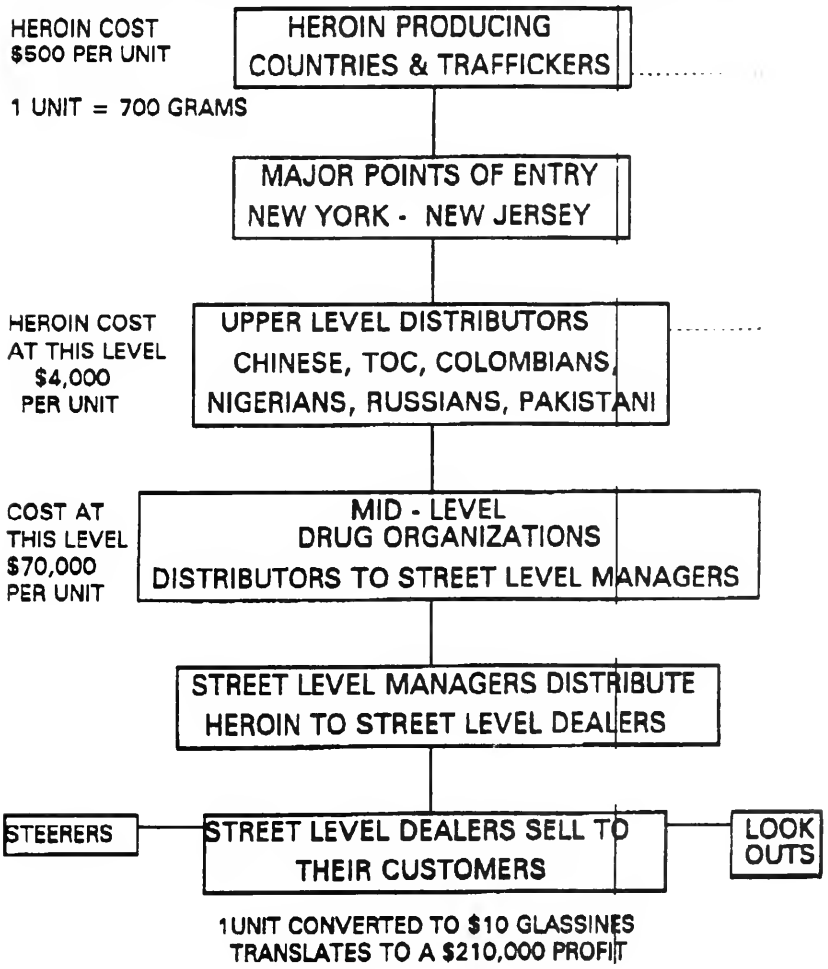
Heroin is readily available in several precincts in the South Bronx. Heroin sales, for the most part, are confined to retail and street levels and are operated by Puerto Ricans, African Americans, and Dominicans. Brand names include "The End," "Attraction," "Renegade," and "Apache".

In Queens, heroin is mainly available in the areas of Jackson Heights, where Hispanics dominate the trade, and Jamaica, where African Americans control sales Brand names are "Bazooka" and "Black Rain " Other locations include parts of Ridgewood and Hillside.

In Brooklyn's Williamsburg section, Hispanics are involved in the heroin trade, where brand names such as "The End" and "NYNEX" can be purchased. In the East New York section, Hispanics dominate heroin operations. "Poison, "Gucci," and "9 1/2 Plus" are brand names sold here. The Bushwick area is a major heroin center in Brooklyn. Hispanics sell "Poison," "Replay," and "9 1/2 Plus." Lastly, Sunset Park boasts "The End," with Hispanics the main sellers

In Staten Island, heroin can be purchased in the area of New Brighton. Here, African Americans sell heroin called "Death Row" and "High Power".

HEROIN DISTRIBUTION NETWORK



WHAT IS HEROIN'S IMPACT?

Heroin abuse crosses racial, social, and economic lines Heroin impacts on quality of life, crime, overcrowding of medical facilities, and productivity in the workplace. There is no segment of American society immune from this drug's devastating effects. Additionally, higher purity levels are also altering the user profile.

USERS

Traditionally, the heroin user was older, (over 30), less well off financially, residing in the inner city and using injection as the method of ingestion. While the majority of current users fit this pattern, a younger, more affluent, college oriented user is emerging. In addition, according to recent user surveys, the methods of ingestion appear to be changing in New York.

In contrast to some other parts of the country, inhalation is increasing in New York. Reasons for this change may be two-fold; high purity heroin affords the intravenous user the opportunity to snort or smoke the drug, thereby reducing the chances of contacting diseases such as AIDS. The high purity may attract the new user who previously was afraid of the hazards of injecting. However, according to some medical experts and substance abuse counselors, many people are finally driven to move up from smoking and snorting heroin to injecting . This process could be exacerbated if current purity levels decline. The prospect of an increased intravenous population does not fare well for a city already facing a major AIDS problem.

High purity heroin also allows intravenous users to stretch their dollar. For example, a person who is injecting heroin at 20% purity, can now get three to four injections from the same amount of heroin at 60 to 80% purity. This presumes the user knows what the purity level is and cuts or dilutes accordingly, if not, the likelihood of overdosing increases.

In August of 1994, the medical examiner's office confirmed the death of an individual from injecting high purity heroin. This death was tied to a brand name "China Cat". Within four days, thirteen other deaths, all in Manhattan, were believed to be the result of this heroin. Final toxicology tests, however, showed these thirteen deaths were not attributed to "China Cat" heroin. Two died of natural causes, four died from ingestion of cocaine alone, and the remaining seven died from a mixture of heroin and cocaine. These seven deaths supports the position that many cocaine users are using heroin. In the event of apparent lethal overdoses, such as the "China Cat" case, users will seek to purchase the brand name associated with the overdose, believing they can control the dosage, and reap the benefits of its high purity.

LAW ENFORCEMENT

The New York City Police Department's approach to narcotics enforcement is an all encompassing strategy. Whether a heroin , crack or other drug problem exists within a community, the problems are similar: rising crime, the deterioration of lives, the deterioration of our homes and neighborhoods.

The Department believes an effective drug strategy need not be governed by a single drug-specific problem. The Police Commissioner of the City of New York , William Bratton has implemented five strategies to improve the quality of life in the City of New York. Police Strategy No. 3, entitled "Driving Drug Dealers Out Of New York, is the cornerstone of our drug policy. This strategy consists of the following:

- **GIVE PATROL RESPONSIBILITY FOR TARGETING LOCATIONS**

- **HAVE PATROL REFOCUS PATROL PERSONNEL AND PRACTICES**

- **REFOCUS NARCOTICS DIVISION PERSONNEL AND PRACTICES**
  - Creation of Strategic Narcotics and Gun Teams (SNAG's) to conduct aggressive buy and bust operations against gun and drug dealers in targeted locations 24 hours a day, 7 days a week.
  - Directing Narcotics Division personnel to arrest any dealers wanted on outstanding warrants within the targeted areas
  - Assigning Narcotics Division members to work with homicide detectives to make connections between murders and drug activity
- **EXPAND, CONCENTRATE, AND COORDINATE SEIZURE ACTIVITY**
  - Use of the NYPD's Civil Enforcement Unit to use various legal means to close locations where criminal activity is taking place.
  - Customer car confiscation's to target out-of-town buyers who commute into New York City.
  - Coordination of efforts between the city's five District Attorneys and the U.S Attorney's Office to commence forfeiture proceedings against landlords who knowingly have allowed their buildings to become havens for drug activity.

- **RE ENERGIZED ENFORCEMENT AGAINST HIGH-LEVEL DRUG ACTIVITY AND CONTINUE JOINT FEDERAL, STATE , AND LOCAL OPERATIONS**

  - The DEA has directed its New York Office to focus on local as well as international drug trafficking organizations.

  - Joint operations between the NYPD and the FBI involving high-level drug investigations within the Organized Crime Investigation Division
  - Continued interdiction efforts by the Joint Kennedy Airport Narcotics Smuggling Unit (N.Y.P.D. and U.S. Customs.)

- **REVISE AND EXPAND TRAINING**

- **REVISE DEPARTMENTAL POLICIES**

  - Clarifying the enforcement responsibilities of all members of the service, whether in uniform patrol or not, with regard to illegal drug activity.

- **BUILD WORKING PARTNERSHIPS**

  - Coordinated effort with Transit and Housing Police in and around transit facilities and public housing developments in targeted areas to attack illegal drug activities.

  - Work with Department of Corrections to accommodate increased arrests and convictions

- Coordination of efforts between the Department of Probation and Division of Parole to encourage arrests, within targeted areas of probation and parole violators who have drug related convictions.

- Most importantly, a cooperative and joint working relationship between the police and the community to maintain streets and neighborhoods where illegal narcotics activity have been substantially reduced or eradicated.

The NYPD is always reviewing and analyzing our enforcement strategies and implementing change where necessary and evaluating our progress daily.

CONCLUSION

In the 1980's our society was caught short when crack exploded in the United States. We do not want this to happen again. While law enforcement indicators and other limited factors show a possible increase in heroin abuse, it is still unclear whether this foretells an impending heroin crisis. What must be examined in a more detailed fashion are incidents of crossover use and new user population. Medical practitioners and drug treatment specialists in the New York area have indicated many crack abusers are using heroin to offset the effects of crack. This could be a contributing factor in the possible increase in heroin use.

If in fact the incidence of heroin use is on the rise, a devastating consequence may be an increase in intravenous users, thus impacting on the AIDS, and hepatitis crisis. This premise is based on the tolerance theory.

Our experience with the crack epidemic has taught us that drug problems must be addressed in a holistic approach. Further study is needed to determine whether the current drug using population , or persons leaning toward drug abuse, would prefer the depressant type drug, heroin, over the stimulant type drug, cocaine. We now realize that enforcement is a valuable tool, and police do play an important role in improving the quality of life in our nation's cities. In the long term, however, a key solution lies in "demand reduction through education prevention and treatment." This educational awareness must begin in the home, be reinforced in the schools and our religious institutions and supported by our communities.

Mr. Chairman, it is forums like this that can act as a catalyst to generate future action.
On behalf of the New York City Police Department, thank you for inviting us to testify at this hearing.

Mr. SCHUMER. And Mr. Jones.

Mr. JONES. I would like to thank the committee for——

Mr. SCHUMER. Inspector Ward, you don't have a statement? You are accompanying Inspector Raber?

Mr. WARD. Correct.

Mr. SCHUMER. Mr. Jones.

STATEMENT OF CHESTER JONES, CERTIFIED ADDICTIONS COUNSELOR, MARSHAL HEIGHTS COMMUNITY DEVELOPMENT ASSOCIATION, WASHINGTON, DC

Mr. JONES. I would like to thank the committee for inviting me here to testify today. If you had asked me 5 years ago if I would be sitting here it would have been too far beyond my wildest imagination to even respond. Five years ago I was homeless, sleeping in abandoned buildings and shooting heroin, drinking wine and hanging out on a fire barrel down in China Town. On my journey to the fire barrel I had lost family, jobs, material possessions and, most of all, I had lost myself.

It wasn't until I got involved with the criminal justice system—or the criminal justice system intervened in my life—that I was able to make that journey back to the human race.

I violated the Controlled Substance Act and was placed on probation for 1 year. While on probation, I couldn't stay clean on the streets, so I was violated and found myself back in the court in front of Superior Court Judge Henry Kennedy. He gave me an option. He said, "you go to treatment or you go to jail." I chose treatment.

It was that I didn't want to take methadone so I went into the treatment. It was at the fire barrel that I heard about this treatment program called Clean and Sober Streets which was housed in the CCNV shelter.

In that program the devastation of my addiction was presented to me, and that is when the psychological, sociological and the physiological healing occurred. I slowly developed a program of recovery, and I had to become employable again. It was programs such as the rehabilitation services and the University of the District of Columbia aftercare program that kind of bridged those gaps.

With the help of those programs, I was able to move out of the shelter and become self-sufficient. Today I am working; I am attending school, and I am about three semesters shy of having a bachelors degree in the administration of justice.

Also, I have amassed over 6,000 hours of working with the various treatment programs in the city as an addiction counselor. I have accumulated over 450 hours of drug education and 300 hours of supervised practical training, and that resulted in my being certified by the District of Columbia Certification Board of Alcohol and Other Drugs of Abuse.

Today, I am working as an addictions counselor with the Marshall Heights Community Development Organization, the Fighting Back Initiative, which is funded by the Robert Woods Johnson Foundation. This program is a community-based organization that works in ward 7, and ward 7 is one of the communities most devastated by illegal drugs and violence.

Ward 7 is a community limited in the scope of services needed to effectively address the needs of our clients. The Fighting Back Initiative is a community initiative whose goal is to impact on the problem, but, in all honesty, our efforts are hampered by the closing of essential treatment programs and other funding shortages.

As an addictions counselor, it is my opinion—and the opinion of other substance abuse professionals—that heroin is on the rise. The price is cheaper on the streets, and the purity is greater. As this situation increases, it is imperative that treatment programs embrace a holistic approach—and more long-term treatment.

The treatment programs that exist today are about 28 days, and 28 days, for a heroin addict, just doesn't work. This is a disease that affects all areas of a person's life, and if treatment doesn't embrace a holistic approach, including enough time to be effective, the outcome is going to be nil. If I could leave anything with the committee today it would be that treatment programs for heroin users must be long term, and must embrace a holistic approach. These can only be realized through more funding targeted specifically for that purpose.

Thanks for letting me be here.

Mr. SCHUMER. Thank you, Mr. Jones, and we very much appreciate not only your being here but your own efforts to improve yourself and to help others as well, which is just great.

[The prepared statement of Mr. Jones follows:]

PREPARED STATEMENT OF CHESTER JONES

I would like to thank the committee for inviting me to testify at this hearing. If you had asked me five years ago if I would be sitting here today, it would have been beyond my wildest imagination. Five years ago I was shooting heroin and drinking wine at a fire barrel down in China Town. On my journey to the fire barrel I lost my family, my job, material possessions, I was homeless and most of all I lost myself.

It wasn't until the criminal justice system intervened in my life that the journey back to the human race began. I violated the control substance act and was place on probation for one year. While on probation I could not stay clean while living on the streets. I violated my probation and I found myself back in court. Superior Court Judge Henry Kennedy, gave me two options, I had to

enter a program or go to jail. I did not want to take methadone again so I went into a program, called Clean & Sober Street Inc. which I heard about at the fire barrel, located at the CCNV shelter. This was a long-term twelve (12) month program designed for homeless people. An IV drug-user, such as myself, needed that type of program to piece my life back together. The devastation caused by my drug use at this time was presented to me in this program. Then the physical, psychological, and sociological healing had to occur. After slowly developing a program of recovery, I had to become employed again. Vocational rehabilitation helped to bridge that gap, along with the UDC/aftercare program.

With the help of those programs, I was able to move out of the shelter and to become self sufficient. Today I am working and attending school. I'm three semesters away

from a B.A. degree in The Administration of Justice. Also, I have massed over 6,000 hours working in various treatment programs in the city as an addiction counselor. I've also accumulated over 450 hours of drug education, 300 hours of supervised practical training, which has resulted in my being certified by the District of Columbia Certification Board/Alcohol and Other Drug Abuse.

Today, I work as an addition counselor for the Marshall Heights Community Development Organization "Fighting Back Initiative". This community based organization services Ward 7, a community devastated by illegal drugs and violence associated with drugs. Ward 7 is a community limited in the scope of services needed to effectively address the needs of our clients. The Fighting Back Initiative, a community initiative whose goal is to reduce the demand

an impact on the problem. But, in all honesty our efforts are hampered by the closing of essential treatment programs and the shortage of funding.

As an addiction counselor it is my opinion (and the opinion of other substance abuse professionals) that heroin is on the rise. The heroin being sold on the streets of Washington, D.C. is estimated to be 60% pure and the cost is cheaper that it was twenty years ago (the early 1970's). As this situation increase, it becomes imperative that treatment programs embrace the holistic approach and the term of treatment longer than 28 days. All areas pertaining to and involved with the treatment process should be addressed to effect complete recovery and to insure that an individual becomes a productive member of society.

In closing I would like to emphasize that the disease of addiction is long-term and it affects every area of an addict's life. Again, thank you for allowing me to speak before this committee.

Mr. SCHUMER. OK, my first questions are for Inspector Raber and for Mr. Jones. Are either of you seeing signs that heroin use, apart from crack cocaine use, is on the rise? That is really the key question we have here.

In other words, everyone agrees that there is more of it that is on the streets. Most of the experts are indicating without being sure that people who use crack cocaine are using heroin in addition.

Mr. RABER. Well, our arrests indicate that there are some that are strictly buying heroin. Further study is necessary to determine if the drug user, or individual with a propensity to use drugs, would prefer the stimulant type high, associated with crack or the depressant type high associated with heroin. This information could help in projecting potential for heroin epidemic. We do see an increase in strict heroin use.

Mr. SCHUMER. What about you, Mr. Jones?

Mr. JONES. I was speaking to another professional yesterday, who works at a methadone clinic, and that clinic has a waiting list of about 300 to 400 people on that list to get into treatment. So if that is an indication I would say it is on the rise.

Mr. SCHUMER. And most of the people who go to methadone clinics are not on crack. Obviously there is no substitute for crack. They are pretty much pure heroin users.

Mr. JONES. Mostly polydrug users. They use heroin, crack, alcohol.

Mr. SCHUMER. I want to tell you, Mr. Jones, that in the crime bill which we worked so hard on, we have adopted just your approach. Not only did we want drug treatment as part of the criminal justice system—the drug courts program which will be funded for about a billion dollars—is exactly what happened to you.

We institutionalized it. An addict goes before a court, and they say you got a choice. You can go to treatment or you can go to jail. And they monitor and make sure there is treatment and it is long term. I find it hard to believe that we are having 28-day treatment programs in this day and age. It is ridiculous.

So I agree with you right there.

Let me ask you this question, Mr. Jones. Do you believe—and also Inspector Raber—education efforts are important in this?

I mentioned to the previous witnesses I was briefed by the Partnership for a Drug Free America who do the ads on television. And their ads have changed over the last few years. They used to be aimed at just one broad audience, and they had some effect, and now they are aimed specifically so you have some ads that are aimed at inner-city kids and some ads that are aimed at suburban kids who have different experiences. And yet their budget has gone down, and they say that rejection of drugs in kids' minds is not as strong as it was several years ago.

Do you find these TV ads effective? Do they work? I am impressed—my kids come back from school. I have a 10-year-old and a 5-year-old, and we say we are going to go to the corner to get some drugs at the drugstore, and my 5-year-old says, that is bad. You shouldn't do that. She is learning something that I wouldn't have known.

Do you want to take that first, Mr. Jones?

Mr. JONES. I think it is our opinion in the program we work for, the sooner you get to the kid with that type of education, those types of advertisements, the better chance you have. We have—our prevention program goes into the schools and gets the younger kids and tries to educate them so they won't get to a point where they use drugs.

Mr. SCHUMER. And have you found it successful not with everybody, obviously, but with a good number of kids?

Mr. JONES. Prevention is successful.

Mr. SCHUMER. How about you, Inspector?

Mr. RABER. I think those advertisements spark conversation between parents and between individuals and community groups. I have witnessed the benefits generated, when groups confront the drug problems in central Harlem. This precinct area was marked with poverty and drug use. When conversation begins at the grassroots level and community groups talk about the drug problem this is where you see results. The advertisements act as positive catalysts for conversation.

Mr. SCHUMER. Let me ask you a question, Mr. Jones. Obviously, your story is inspiring, and we are going to try to give as much treatment as we can so that there can be many more like yourself. Still, there are many who go through treatment one time, two times, three times that don't make it through. It is wrenching.

I don't think people understand that even a therapeutic community or holistic approach that you mentioned is quite wrenching because you have got to look at every part of yourself and see what is wrong and what led you to a dependency, and that is something very few of us do. What do you think gave you the strength and ability to succeed where others have not been able to?

Mr. JONES. Well, with my addiction, it was time. I came out of a social program down at Second and D.

Mr. SCHUMER. Had you gone to other programs that had not worked or had not worked for you before this?

Mr. JONES. Yes. I went to a 28-day treatment program by the Veterans' Administration.

Mr. SCHUMER. You should just pull the microphone closer.

Mr. JONES. I went to a 28-day drug program for the Veterans' Administration. I stayed there 28 days. I was in North Carolina. As soon as I got back to the D.C. line I was getting high again. This is a disease that has a tendency toward relapse, but what we are finding is that some people relapse, then the relapse period gets shorter in periods, and that gives us hope you know, but some people relapse and don't come back.

But we can only work with the people that come in, and the most important thing I was explaining to the gentleman here is that when a person gets tired of using drugs and they want some help with it, there has to be some form of help available for them. Going on a waiting list, they might be out there 2 or 3 years where they might not ever make it back, whereas available help could have made all the difference.

Mr. SCHUMER. And is it your experience that at some point most hardcore addicts do reach that bottom and do reach out for help?

Mr. JONES. Yes.

Mr. SCHUMER. That seems to be the case.

Mr. JONES. They either experience an emotional, mental or spiritual bottom that they will try to seek some help. Or it might be through the courts or it might be somebody that they owe money to. They want to get some help, but it has to be something there for them.

Mr. SCHUMER. Finally, Inspector Raber, my last question. When we did the crime bill we combined tough punishment with what we called smart prevention. The irony is some attacked the prevention side. They said it was pork or something like that.

Most of the prevention programs came to our attention not from the Mr. Joneses of the world but from the Inspector Rabers of the world, the police and the law enforcement people who said we needed prevention, we needed treatment and other methods of prevention so kids go the right way. Do you agree with that? I mean, do you agree with the prevention approach as well as the punishment approach?

Mr. RABER. Absolutely. Sometimes the arrest spur the treatment, but even in cases where the arrest is not the reason for seeking help, the person hits the bottom and they then seek help. In the precincts that I worked in, I found that the people addicted to drugs are not bad people. They did not start bad. Once the addiction took hold they may have done some terrible things, crime and so on but I believe they can be law-abiding people, if drug problem did not exist. These individuals need the opportunity to turn their lives around. We have a very good example here today in Mr. Jones.

Mr. SCHUMER. Right. Anything you would like to add, Inspector Ward?

Mr. WARD. I just would like to point out heroin trafficking is a business just like any other business. There is supply, and there is also demand. I think we do a pretty good job on the supply side. However, we haven't totally fixed the problem, and I think the answer truly is in demand. I think there has to be more education, prevention and certainly treatment.

Mr. SCHUMER. All right. I just wish all of America could hear the consensus that really exists among the three of you.

I don't think anyone here who says to someone who does a bad thing, "We want to punish them and get them off the streets." But the prevention part is essential so we won't do it 20, 30, or 40 years from now, the way we are doing it now. That has been my experience, and we are trying to get that message out as well as the message that we have to do more.

So I want to thank our panelists not only for their excellent testimony but for your patience as we zigzagged in and out of the room here.

I want to thank the—all the people who worked so hard on this hearing—Tom Diaz of my staff and Holly Wiseman, I guess Rachel Jacobson as well as our minority counsel, Andrew Cowin.

And, finally, I always like to thank the stenographers who work hard at this and make it available so that thousands or hundreds of thousands of people see your words not only on television here with C-SPAN but can read it. These hearings go all over the country so I would like to thank Rich Whalen as well.

I want to thank all of you, and the hearing is adjourned.

[Whereupon, at 12:19 p.m., the subcommittee adjourned.]

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